



COUNTY BOROUGH OF DERBY

# ANNUAL REPORT

OF THE

Medical Officer of Health

AND

Principal School Medical  
Officer

1969





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By

V. N. LEYSHON, M.D. (LOND.), D.P.H.



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Public Health Department,  
Castlefields House,  
Main Centre,  
Derby, DE1 2FL.

TO THE CHAIRMAN AND MEMBERS OF THE  
HEALTH AND EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for 1969.

The estimated mid year population has decreased from 221,260 (1968) to 221,240 (1969). The death rate has risen from 11.2 (1968) to 11.5 (1969). The birth rate has fallen slightly from 17.7 (1968) to 17.6 (1969). The still birth rate has fallen from 15.2 (1968) to 15.0 (1969). The infantile death rate has risen from 16.8 (1968) to 22.0 (1969).

The work of the various services of the Department is described in detail in the Report.

I should like to close on a personal note and thank you Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the Officers of other Departments of the Corporation; and finally I wish to thank the entire staff for their willing co-operation and service during the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. N. LEYSHON.

# COUNTY BOROUGH OF DERBY

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## HEALTH COMMITTEE at 31.12.69

*Chairman:* COUNCILLOR L. A. FREEMAN.

*Deputy Chairman:* COUNCILLOR J. B. WALKER.

ALDERMAN MISS GRIMWOOD-	COUNCILLOR CURZON.
TAYLOR.	„ GADSBY
„ LAMB.	„ GLEW.
„ SIMMS.	„ HEAP.
„ MRS. WOOD.	„ SHEPLEY
COUNCILLOR BENTLEY.	„ MRS. LONGDON.
„ BOOKBINDER.	„ MRS. PENN.
„ CARTY.	„ MRS. SWAINSON.

Functions: —Duties under the relevant Acts in relation to: —

Ambulance Service.

Care of Mothers and Young Children (including Day Nurseries).

Welfare Foods.

Care and After Care.

Domestic Help.

Home Nursing.

Health Visiting.

Mental Health.

Midwifery.

Vaccination and Immunisation.

General Administration.

To receive minutes of the Sanitary Sub-Committee.

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## SANITARY SUB-COMMITTEE at 31.12.69

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN MISS GRIMWOOD-	COUNCILLOR CARTY.
TAYLOR.	„ CURZON.
„ SIMMS.	„ GLEW.
„ MRS. WOOD.	„ HEAP.
COUNCILLOR BENTLEY.	„ MRS. PENN.
„ BOOKBINDER.	

Functions: —Duties under the relevant Acts in relation to: —

Environmental Hygiene.



## EDUCATION COMMITTEE at 31.12.69

*Chairman:* ALDERMAN TILLET.

*Deputy Chairman:* COUNCILLOR C. ROWLEY.

ALDERMAN LAMB.	COUNCILLOR MRS. LATHAM.
„ MRS. MACK.	„ MRS. LONGDEN.
„ MRS. PENDRY.	„ MACDONALD.
„ MRS. WOOD.	„ MRS. O'BRIEN.
COUNCILLOR MRS. BEASTALL.	„ PARSONS.
„ BOOKBINDER.	„ MRS. SWAINSON.
„ MRS. BURNS.	„ A. E. WEAVER.
„ MRS. COLLIS.	*ALDERMAN W. A. W. BEMROSE.
„ GRAY.	*MR. G. JOHN.
„ GUEST.	*REV. J. K. LLOYD-WILLIAMS.
„ MRS. HOGBEN.	*MR. D. MONTAGUE.
„ MRS. HONEY.	*REV. D. E. ROWLAND.
„ KEENE.	*MR. E. TINGLE.

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## SPECIAL SERVICES SUB-COMMITTEE at 31.12.69

*Chairman:* ALDERMAN MRS. MACK.

*Deputy Chairman:* COUNCILLOR MRS. BURNS.

ALDERMAN TILLET.	COUNCILLOR PARSONS.
„ MRS. WOOD.	„ MRS. SWAINSON.
COUNCILLOR MRS. BEASTALL.	„ A. E. WEAVER.
„ MRS. COLLIS.	*ALD. W. A. W. BEMROSE.
„ GUEST.	*MR. G. JOHN.
„ MRS. HONEY.	*REV. J. K. LLOYD-WILLIAMS.
„ MRS. LATHAM.	*MR. D. MONTAGUE.
„ MRS. LONGDON.	*REV. D. E. ROWLAND.
„ MACDONALD.	*MR. E. TINGLE.
„ MRS. O'BRIEN.	

Functions: —The School Health Service.

\* *Co-opted Members.*



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MEDICAL

*Medical Officer of Health and Principal School Medical Officer:—*

V. N. LEYSHON, M.D. (Lond.), D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—*

J. E. MASTERSON, M.B., Ch.B., D.P.H.

*Senior Medical Officer:—*(Establishment 2).

G. W. R. MACGREGOR, L.R.C.P., L.R.C.S., L.R.F.P.S.

*Medical Officer in Department:—*

M. M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H., L.M. (Belfast).

*School Medical Officers:—*

N. M. ADAMS, M.B., Ch.B.

J. R. FOX, M.B., Ch.B.

E. B. HAZLEWOOD, M.B., B.S., D.C.H.

C. L. NOBLE, M.R.C.S., L.R.C.P.

\*A. DALZIEL, M.B., Ch.B.

\*J. DOUGLAS, M.D., D.P.H.

\*A. J. H. REFORD, B.A., M.B., B.Ch., B.A.O.

*Chest Physician:—*

H. L. MATTHEWS, M.D., L.R.C.P., Consultant General Physician.

*Consultants:—*

\*H. G. EVANS, F.R.C.S.(I), D.L.O.

*E.N.T. Surgeon.*

\*T. G. G. DAVIES, F.R.C.S., D.O.

*Ophthalmic Surgeon.*

\*N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic).

*Obstetrician and Gynaecologist.*

*Psychiatrist:—*

\*V. PILLAI, M.B., B.S., D.C.H., D.P.M.

*Orthopaedic Surgeon:—*

\*W. H. G. PATTON, M.Ch. (Orth.)

DENTAL

*Principal School Dental Officer:—*

F. GROSSMAN, L.D.S. (Q.U. Belfast).

*Senior Dental Officer:—*

M. RIGBY, L.D.S., R.F.P.S. (Glas.)

*Assistant Dental Officers:—*

\*J. G. ROBERTS, B.D.S.

P. L. SHEPHERD, B.D.S.

\*B. E. DAVIES, B.D.S.

*Anaesthetists:—*

\*E. ANDERSON, M.B., Ch.B., D.A.

\*R. BLAIR, M.A., M.B., Ch.B.

*Dental Auxiliary:—*

MRS. R. M. KNOWLES.

MISS J. M. ANDERTON.

*Dental Surgery Assistants:—* 5.

## NON-MEDICAL

*Administration Officer:—*

J. F. HARDING, D.M.A.

*Senior Administrative Assistant:—*

T. H. LIMBERT.

*Administrative Assistants:—*(Establishment 2). (1 Post vacant).

*Clerks:—*

Health Department—45 (includes 2 part-time).

SCHOOL HEALTH SERVICE : —

*Administrative Officer:—*H. WOODGATE.

*Administrative Assistant:—*M. M. WIBBERLEY.

*Clerks:—*15.

*Principal Medical Social Worker:—*

R. L. CARABINE, A.I.M.S.W.

*Senior Medical Social Worker:—*

MRS. M. GOUGH.

*Medical Social Workers:—*6. (Establishment 7).

*Principal Mental Welfare Officer:—*

F. F. WRIGHT.

*Senior Mental Welfare Officer:—*

MISS A. GRIFFIN.

*Mental Welfare Officers:—*8. (Establishment 9).

*Psychiatric Social Workers:—*

School Health Service (Establishment 2). (Posts vacant).

*Occupational Therapist/Rehabilitation Officer:—*

MRS. E. M. BENTLEY, R.M.P.A., R.M.N. Cert., M.A.O.T. Diploma.

*Occupational Therapist:—*

\*MRS. G. E. KEELING, M.A.O.T. Diploma.

*Craft Instructor: 1—*(Establishment 2).

*Home Help Organiser:—*

MISS S. T. ECCLES.

*Deputy Home Help Supervisors:—*(Establishment 2).

MRS. J. A. SMITHERS.

MRS. D. STAFFORD.

Home Helps—240. (Part-time).

*Psychologist:—*

School Health Service.

R. B. CLAIBORNE, Ph.D. (New York), B.Sc.

K. DAVIES, B.A.(Psych.) Hons. Certificate in Social Science;  
Certificate in Child Care.

*Senior Speech Therapist:—*

MRS. A. M. OTLEY.

*Speech Therapists:—*

MRS. R. D. FISHER, L.C.S.T.

MRS. J. S. HENTON, L.C.S.T.

MRS. M. A. TURNER, L.C.S.T.

*Remedial Teachers:—*

MISS D. M. HARDY, National Foebel Certificate.

MRS. F. N. RODWELL, B.A., Certificate in Education.

*Remedial Gymnast:—*

G. SOMMERVILLE, M.S.R.G.

*Training Centre and Special Care Unit:—*

*Training Supervisor*—MISS V. M. ROBINSON, C.A.M.W. Diploma.

*Deputy Supervisor*—MISS E. I. AVERY.

TRAINING CENTRE:—

*Teachers of the Mentally Handicapped*—5. (Establishment 5).

*Trainee/Assistant Supervisor*—0. (Establishment 1).

*Trainee*—1 (Establishment 1).

\**Guides*—4.

\**Domestics*—9.

*Caretaker*—1.

*Special Care Unit:—*

*Supervisor*:—MRS. P. L. JEPSON, R.S.C.N.

*Assistant Supervisors*—12. (Establishment 14).

\**Domestics*—1.

\**Guides*—3.

*Manager—Wetherby Industrial Unit:—*

K. G. HOPKINSON.

*Industrial Unit Officers*—8. (Establishment 9).

*Caretaker*—1.

\**Guides*—2.

*Domestics*—2 Full-time, 4 Part-time.

*Supervisor of Day Nurseries:—*

MRS. M. R. MOSS, S.R.N., Nursery Diploma.

*Day Nurseries:—*

Matrons—5. (Establishment 5).

Deputy Matrons—5. (Establishment 5).

Staff Nursery Nurses 30. (Establishment 27). (3 held against Wardens Posts).

Nursery Students—30. (Establishment 31).

Wardens—1. (Establishment 4).

Domestics—5 Full-time, 9 Part-time.

Caretaker—1.

\*Seamstresses—2.

*Principal Health Visitor:—*

MISS J. HEADINGTON, S.R.N., H.V., Housekeeping Certificate.

*Deputy Principal Health Visitor:—*

MISS A. D. LATHAM, S.R.N., S.C.M., B.T.A., CERT, H.V. CERT.

Health Visitors—20 (including 4 Part-time). (Establishment 30).

S.R.N.s	7	} Held against H.V. posts.
Student H.V.s	2	

Infectious Diseases Visitor—1. (Establishment 1).

Infectious Diseases S.R.N.—1. (Establishment 1).

*School Health Nurses*—5. (Establishment 8).

*Tuberculosis Visitors*—2. (Establishment 2).

*State Registered Nurse*—1 (Part-time). (Establishment 1).—Cytology.

*Interpreter*—1 (Sessional). (Establishment 1).

*Principal Home Nursing Officer:—*

MISS D. M. CLEWES, S.R.N., S.C.M., H.V.

*Deputy Principal Home Nursing Officer:—*

N. G. KING, S.R.N., National Certificate in Home Nursing.

*Home Nurses*—33. (Establishment 33).

*Bath Attendants*—9.

*Principal Midwifery Officer:—*

MRS. D. M. BIGGS, S.R.N., S.C.M., R.M.N., R.M.P.A.

*Domiciliary Midwives*:—20. (Establishment 24).

*Chiropodists*:—(Establishment 3)

\*MRS. E. MULLINEUX, S.R.Ch.

\*MRS. A. GREATOREX, S.R.Ch.

MRS. P. WAINWRIGHT, S.R.Ch.

*Chiropody Clinic Assistants*:—3. (Establishment 3).

*Chief Public Health Inspector:—*

R. DAVIES, M.S.I.A.

*Deputy Chief Public Health Inspector:—*

A. WENN, M.S.I.A.

*Senior Public Health Inspectors:—*4. (Establishment 4).

*Public Health Inspectors—*(All branches) 12. (Establishment 12).

*Assistant Industrial Smoke Inspector—*1.

*Smoke Survey Assistants—*2. (Establishment 4).

*Technical Assistants—*2. (Establishment 5).

*Trainee Public Health Inspectors—*3. (Establishment 6).

*Authorised Meat Inspectors—*2. (Establishment 2).

*Pest Control Officer—*1.

*Rodent Operatives—*4.

*Public Analyst:—*

J. MARKLAND, B.Ss., F.R.I.C.

*Miscellaneous:—*

Cleansing Attendants (School Health Service)—3.

\*Welfare Clinic Assistants—8.

\*Welfare Clinic Domestic—1.

\*Welfare Foods Assistants—9.

\*Caretaker—1.

\*Kitchen Assistants—2.

Lift Attendant—1.

\* Part-time.



# I—GENERAL

## STATISTICAL SUMMARY

Area of Borough ...	...	...	...	...	...	18,951 Acres.
Elevation above sea level	{	Highest, Burley Hill, Quarndon	...	...	...	443 ft.
		Lowest, Spondon	...	...	...	123 ft.
		Market Place	...	...	...	157 ft.
Population at Census, 1961 (Before Boundary Extension)	...	...	{	Males 65,229	{	132,408
			{	Females 67,179	{	...
Estimated Population for 1969 (Mid-year)	...	...	...	...	...	221,240
Number of Houses (1961 Census) (before Boundary Extension)	...	...	...	...	...	42,190
"    Inhabited houses at 31/3/1970 (according to rate books)	...	...	...	...	...	72,386
"    Uninhabited houses at 31/3/1970 (according to rate books including property scheduled for demolition ...	...	...	...	...	...	1,510
Number of Families or separate Occupiers (Census, 1961)	{	...	...	...	...	43,081
Number of persons per acre at Census, 1961		Before ...	...	...	...	16.3
"    "    "    1951		Boundary	...	...	...	17.4
Number of persons per House at Census, 1961		Extension	...	...	...	3.13
"    "    "    1951		...	...	...	...	3.56
Rateable Value of the Borough (General Rate) at 31/3/70	...	...	...	...	...	£10,373,887
Estimated amount realised by a Penny Rate, 1969/70	...	...	...	...	...	£40,800

### 1969

Live Births	...	...	...	...	...	...	3,883
Live Birth Rate per 1,000 population	...	...	...	...	...	...	17.6
Illegitimate Live Births per cent of total live births	...	...	...	...	...	...	9.0
Still Births	...	...	...	...	...	...	60
Still Birth Rate per 1,000 live and still births	...	...	...	...	...	...	15.0
Total Live and Still Births	...	...	...	...	...	...	3,943
Infant Deaths	...	...	...	...	...	...	85
INFANT MORTALITY RATES—							
Total Infant deaths per 1,000 total live births	...	...	...	...	...	...	22.0
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	...	21.0
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	...	33.0
Neo-Natal Mortality Rate per 1,00 live births	...	...	...	...	...	...	14.0
Early Neo-Natal Mortality Rate per 1,000 live births (under 1 week)	...	...	...	...	...	...	12.0
Perinatal Mortality Rate (still births and deaths under 1 week combined) per 1,000 total live and still births	...	...	...	...	...	...	27.0
Maternal Deaths (including abortion)	...	...	...	...	...	...	—
Maternal Mortality Rate per 1,000 live and still births	...	...	...	...	...	...	—
Marriages	...	...	...	...	...	...	1,790
Birth Rate adjusted by area Comparability Factor (0.97)	...	...	...	...	...	...	17.1
Deaths	...	...	...	...	...	...	2,549
Death Rate per 1,000 population	...	...	...	...	...	...	11.5
Death Rate adjusted by Area Comparability Factor (1.08)	...	...	...	...	...	...	12.4
Excess of Births registered over Deaths	...	...	...	...	...	...	1,334

# DEATHS OF DERBY RESIDENTS DURING THE YEAR, 1969

CAUSE OF DEATH	Total All Ages	Under 4 Weeks	4 Weeks and Under 1 Year	1-4	5-14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 74	75 +
Cholera .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary Dysentery and Amoebiasis .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and other Diarrhoeal Diseases .. .. .	4	I	-	-	I	-	-	-	-	I	-	I
Tuberculosis of Respiratory System .. .. .	3	-	-	-	-	-	-	-	-	2	-	I
Other Tuberculosis, including Late Effects .. .. .	2	-	-	-	-	-	-	-	I	-	I	-
Plague .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal Sore Throat and Scarlet Fever .. .. .	I	-	I	-	-	-	-	-	-	-	-	-
Meningococcal Infection .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Measles .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Typhus and other Rickettsioses .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Malaria .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its Sequelae .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
All Other Infective and Parasitic Diseases .. .. .	2	-	-	-	I	-	-	-	-	-	I	-
Malignant Neoplasm - Buccal cavity .. .. .	6	-	-	-	-	-	-	-	I	2	1	2
Malignant Neoplasm - Oesophagus .. .. .	9	-	-	-	-	-	-	-	-	4	I	4
Malignant Neoplasm - Stomach .. .. .	73	-	-	-	-	-	-	I	13	13	18	28
Malignant Neoplasm - Intestine .. .. .	66	-	-	-	-	-	I	3	7	8	25	22
Malignant Neoplasm - Larynx .. .. .	2	-	-	-	-	-	-	-	-	I	-	I
Malignant Neoplasm - Lung Bronchus .. .. .	134	-	-	-	-	-	-	I	20	36	60	17
Malignant Neoplasm - Breast .. .. .	43	-	-	-	-	I	3	I	5	11	10	12
Malignant Neoplasm - Uterus .. .. .	17	-	-	-	-	-	-	I	-	5	3	8
Malignant Neoplasm - Prostate .. .. .	21	-	-	-	-	-	-	-	-	2	8	11
Leukaemia .. .. .	18	-	-	I	I	4	-	2	-	2	6	2
Other Maglignant Neoplasms, .. .. .	103	-	-	I	2	3	2	3	14	16	36	26
Benign and Unspecified Neoplasms .. .. .	7	-	-	-	-	-	I	-	2	I	-	3
Diabetes Mellitus .. .. .	19	-	-	-	-	-	I	-	2	5	4	8
Avitaminoses and other Nutritional Deficiency .. .. .	I	-	-	-	-	-	-	-	-	-	-	1
Other Endocrine, Nutritional and Metabolic Diseases .. .. .	11	I	I	-	2	-	-	-	-	3	5	1
Anaemias .. .. .	6	-	-	-	-	-	-	-	3	-	-	3
Other Diseases of Blood and Blood Forming Organs .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Mental Disorders .. .. .	5	-	-	-	-	-	-	-	2	-	-	3
Meningitis .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Other Diseases of Nervous System and Sense Organs .. .. .	25	-	-	I	I	2	-	2	3	4	8	4
Active Rheumatic Fever .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic Heart Disease .. .. .	39	-	-	-	-	-	-	I	5	12	15	6
Hypertensive Disease .. .. .	36	-	-	-	-	-	-	3	2	6	13	12
Ischaemic Heart Disease .. .. .	692	-	-	-	-	-	-	13	55	128	214	282
Other Forms of Heart Disease .. .. .	104	-	-	-	-	-	I	I	3	8	27	64
Cerebrovascular Disease .. .. .	264	-	-	-	-	-	I	4	11	37	81	130
Other Diseases of the Circulatory System .. .. .	123	-	-	-	-	-	-	2	4	15	17	85
Influenza .. .. .	13	-	-	-	-	-	-	-	I	5	4	3
Pneumonia .. .. .	214	5	6	2	I	-	I	5	6	17	47	124
Bronchitis, Emphysema .. .. .	132	-	-	-	-	-	-	2	10	31	41	48
Asthma .. .. .	3	-	-	-	-	I	-	-	I	-	I	-
Other Diseases of the Respiratory System .. .. .	47	I	8	4	-	-	-	I	I	6	14	12
Peptic Ulcer .. .. .	26	-	-	-	-	-	-	2	I	2	8	13
Appendicitis .. .. .	4	-	-	-	I	-	-	-	-	-	2	1
Intestinal Obstruction and Hernia .. .. .	7	-	I	-	-	-	-	-	-	-	I	5
Cirrhosis of Liver .. .. .	5	-	-	-	-	-	-	-	-	2	I	2
Other Diseases of the Digestive System .. .. .	36	-	I	-	-	-	-	I	2	5	12	15
Nephritis and Nephrosis .. .. .	11	-	-	-	-	I	I	-	I	2	4	2
Hyperplasia of Prostate .. .. .	5	-	-	-	-	-	-	-	-	-	2	3
Other Diseases of the Genito-Urinary System .. .. .	33	-	-	-	-	-	-	-	3	3	11	16
Abortion .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Other Complications of Pregnancy, Childbirth and Puerperium .. .. .	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the Skin and Subcutaneous Tissue .. .. .	I	-	-	-	-	-	-	-	-	-	-	1
Diseases of the Musculoskeletal System and Connective Tissue .. .. .	6	-	-	-	-	-	-	I	-	-	3	2
Congenital Anomalies .. .. .	19	12	6	I	-	-	-	-	-	-	-	-
Birth Injury, Difficult Labour, and other Anoxic and Hypoxic Conditions .. .. .	25	25	-	-	-	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality .. .. .	11	11	-	-	-	-	-	-	-	-	-	-
Symptoms and Ill-defined Conditions .. .. .	2	-	-	-	-	-	-	-	-	-	-	2
Motor Vehicle Accidents .. .. .	38	-	-	-	2	11	3	7	4	I	7	3
All Other Accidents .. .. .	41	-	5	-	I	3	I	-	3	3	3	22
Suicide and Self-inflicted Injuries .. .. .	16	-	-	-	-	-	I	2	3	7	2	I
All Other External Causes .. .. .	18	-	-	I	-	2	I	3	4	5	2	-
TOTAL .. .. .	2549	56	29	11	11	28	17	62	193	411	719	1012



## **Burials**

The total burials in the Derby cemeteries for the year 1969 were 848; 772 ordinary burials and 76 still born.

## **Inquests**

These numbered 143—88 males and 55 females.

## **Mortuary**

Post-mortem examinations, 830.

TABLE I

BIRTH RATE PER 1,000 LIVING \_\_\_\_\_

DEATH RATE PER 1,000 LIVING - - - - -

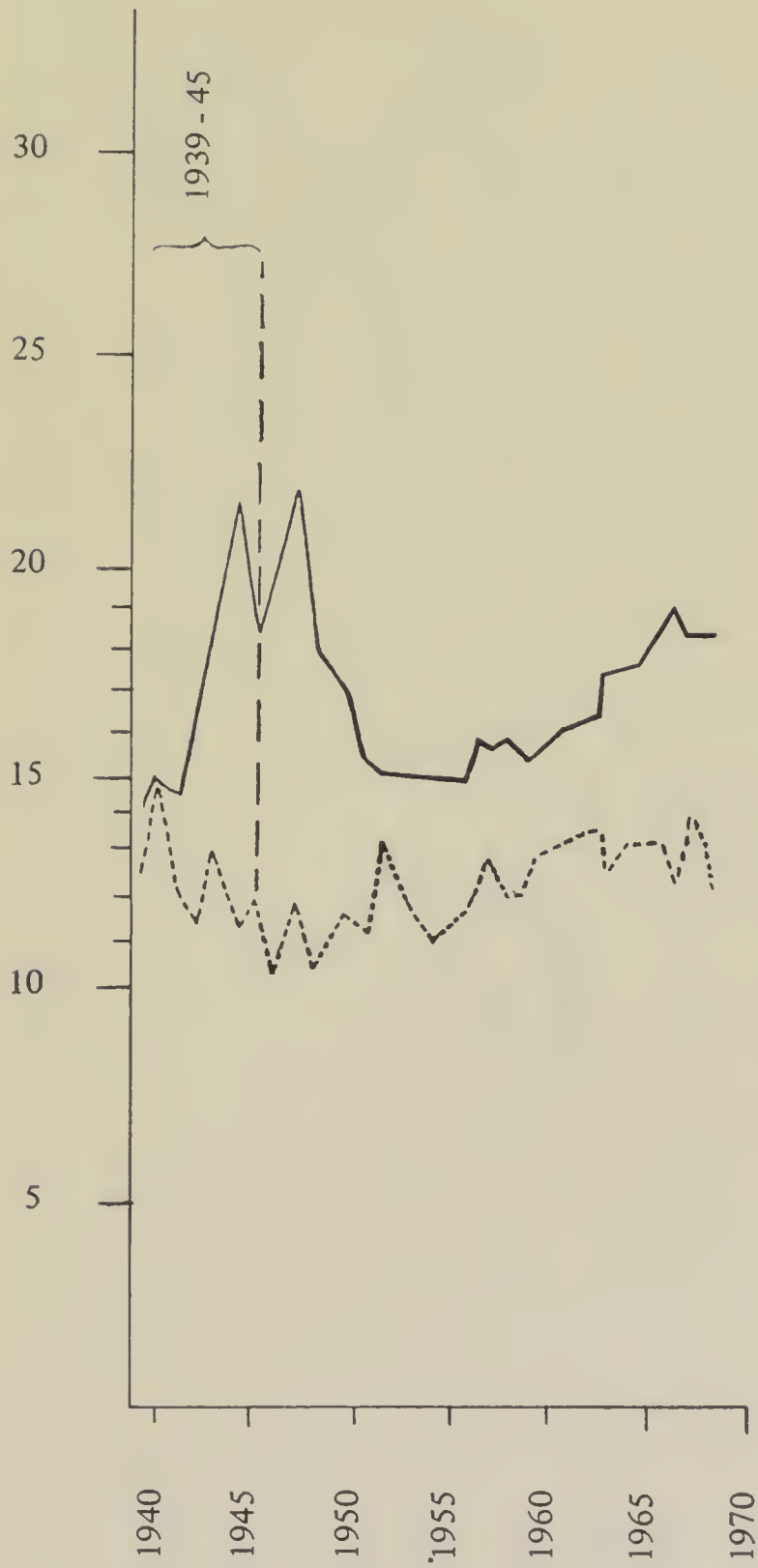


TABLE II  
PERCENTAGE OF BIRTHS  
TAKING PLACE IN INSTITUTIONS

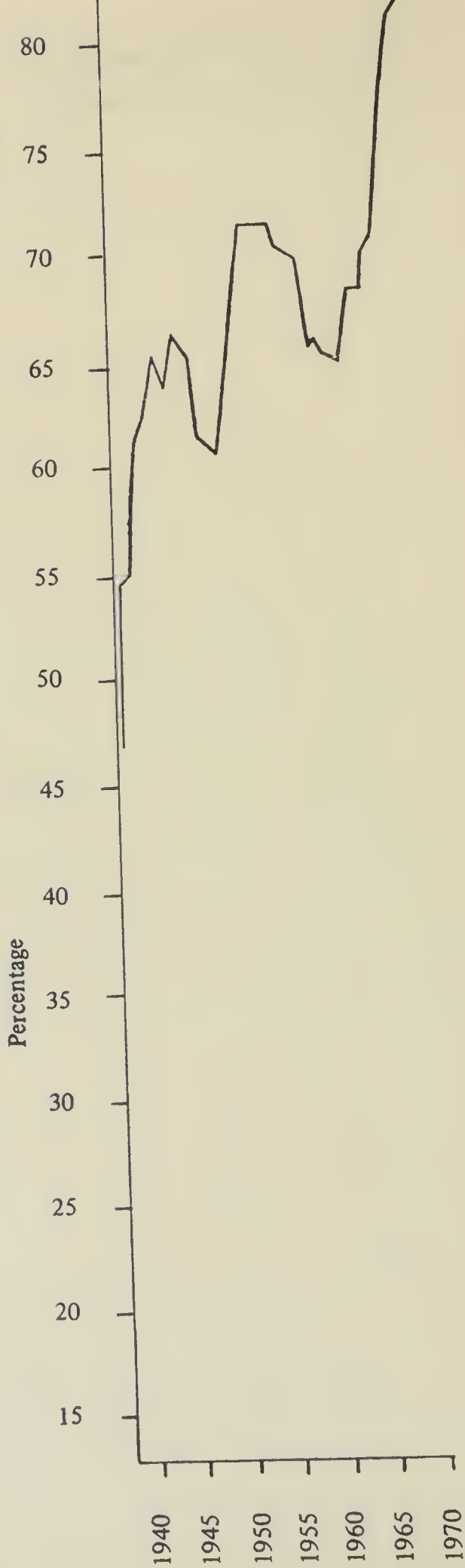


TABLE III  
INFANTILE MORTALITY RATE  
PER 1,000 LIVE BIRTHS —————  
MATERNAL MORTALITY RATE  
PER 1,000 BIRTHS - - - - -

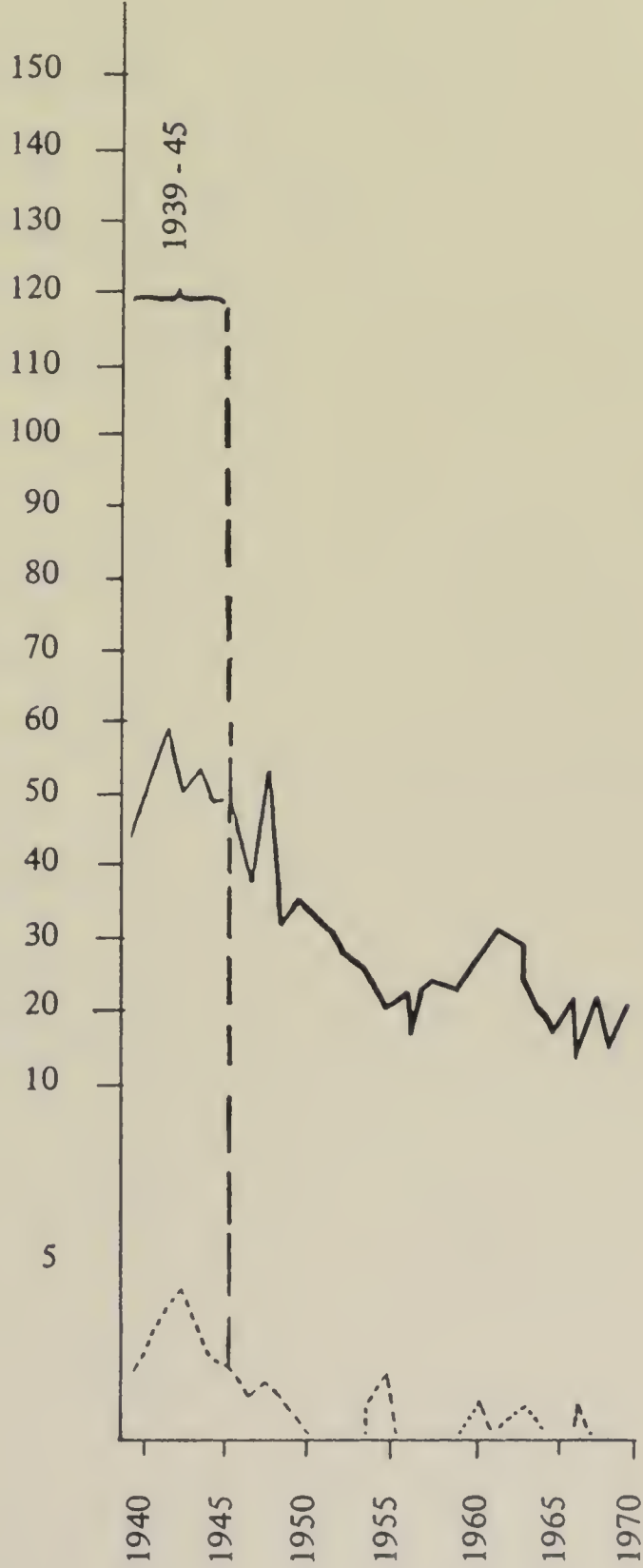


TABLE IV

TUBERCULOSIS

Notification of all forms —————

DEATHS from all forms - - - - -

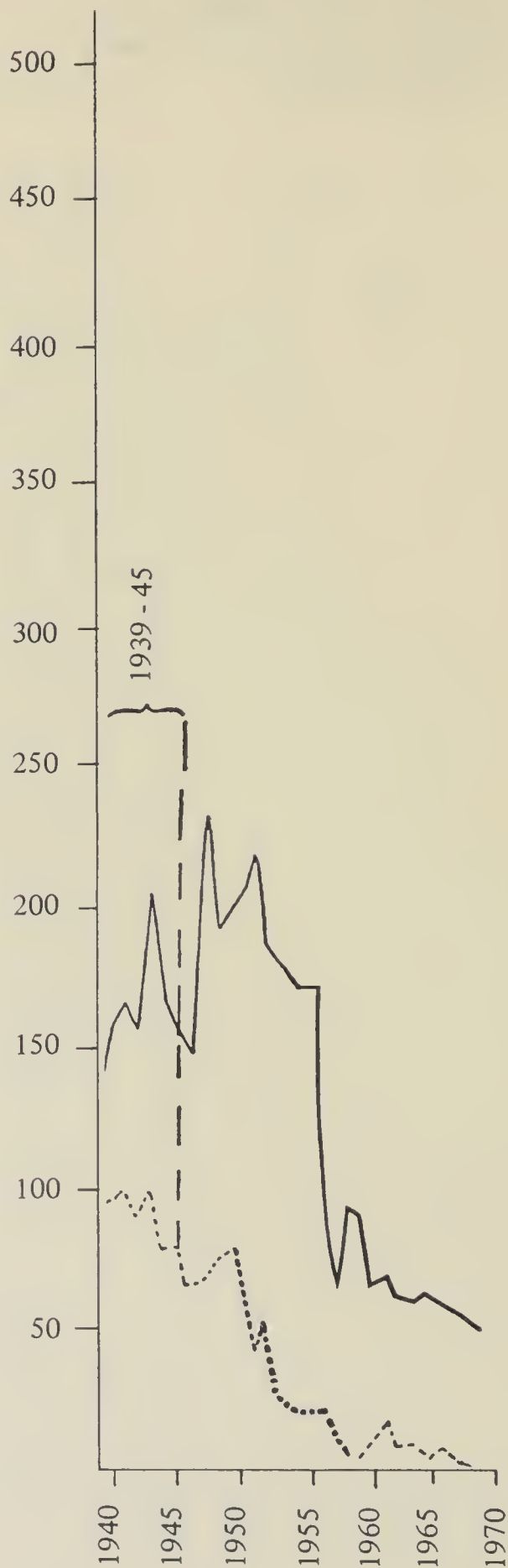


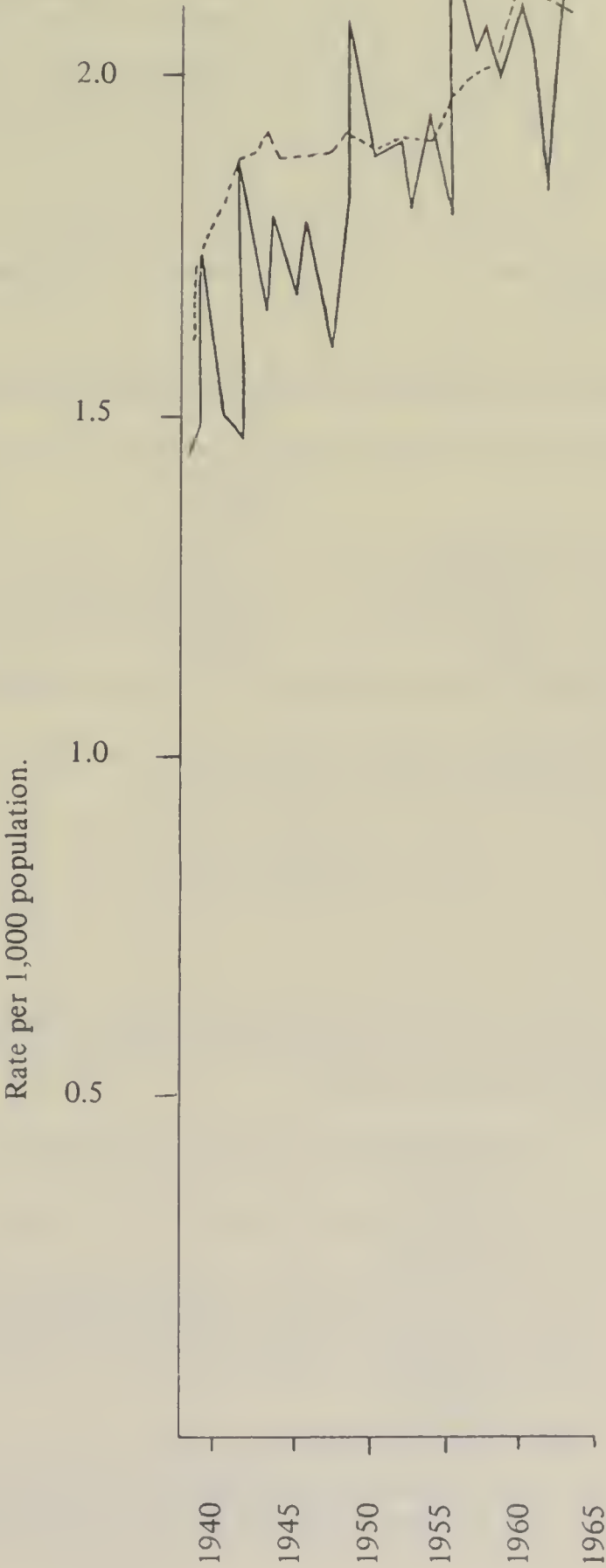
TABLE V

CANCER

Death rate per 1,000 population

DERBY —————

ENGLAND & WALES - - - - -



## II—MATERNITY AND CHILD WELFARE

### Midwives

During the period 1st February, 1969, to the 31st January, 1970, 114 midwives gave notice of intention to practise within the Borough.

85 were attached to institutions (34 at the City Hospital, 23 at the Queen Mary Maternity Home, 28 at the Nightingale Maternity Home) and 25 were in domiciliary practice. All but 4 of the domiciliary midwives practising in the Borough were under the direct control of the Health Department.

There were 4 midwives practising privately in the Borough during the year.

22 midwives removed from the area during the year, leaving 20 in domiciliary practice and 69 in institutional practice and 3 practising privately at the end of the year.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year: —

		<i>Adjusted Live Births</i>	<i>Adjusted Stillbirths</i>	<i>Total Adjusted Births</i>
1.	Domiciliary ...	564	4	568
2.	Institutional ...	3,320	58	3,378
3.	TOTAL ...	3,884	62	3,946

Number of cases delivered in institutions but attended on discharge from institutions and before the 10th day—

(a)	by domiciliary midwives ...	...	...	2,005
(b)	by health visitors ...	...	...	Nil
				<u>2,005</u>

There were 20 domiciliary midwives practising in the Borough throughout the year and 11 of them had been approved by the Central Midwives Board as teachers of pupil midwives.

568 confinements (including non-residents) were attended by domiciliary midwives.

520 ante-natal local authority and general practice clinic sessions were attended.

7,074 domiciliary ante-natal visits were made.

7,864 domiciliary visits during the lying in period were made.

9,405 domiciliary post-natal visits to hospital discharges were made by midwives.

2,008 number of hospital cases.

Investigations regarding suitability for 48-hour discharge ... 886

737 attendances were made at the weekly mothercraft and relaxation classes.



Medical Aid

Out of the 568 confinements attended by domiciliary midwives, medical aid was sought in 22 cases as follows:—

17 on account of mother or expectant mother.

5 on account of baby.

The following table shows the various reasons for the calling in of medical aid, some cases have more than one cause.

Mothers

ANTE-NATAL.

Ante-partum haemorrhage ... ..	1
Irregular or Foetal Heart not heard ... ..	—
Placenta Praevia ... ..	—
Various ... ..	—
	1
	—

NATAL.

Prolonged 1st Stage ... ..	1
Breech or otherwise abnormal presentation ... ..	2
Maternal or Foetal Distress (mainly Foetal) ... ..	1
Various ... ..	5
Intra-Partum Haemorrhage ... ..	3
	—
	12
	—

POST-NATAL.

Retained Placenta ... ..	4
Lacerated perineum ... ..	—
Post-partum haemorrhage ... ..	1
Phlebitis ... ..	—
Various ... ..	—
	—
	5
	—

Babies

Still Birth ... ..	—
Prematurity ... ..	—
Shock ... ..	1
Congenital malformations ... ..	—
Various (infection of eye, Jaundice, etc.) ... ..	1
Asphyxia ... ..	2
	—
	5
	—

Notification of Liability to be a Source of Infection

4 notifications were received.

### Notification of Death

48 notifications were received, all from institutions, as follows:—

				<i>Domiciliary</i>		<i>Institutions</i>	
				<i>Residents</i>	<i>Non-Residents</i>	<i>Residents</i>	<i>Non-Residents</i>
Mothers	...	...	...	—	—	—	—
Infants	...	...	...	—	—	31	17
Total	...	...	...	—	—	31	17

### Ante-Natal Clinics

				<i>Sessions</i>	<i>First Attendances</i>	<i>Total Attendances</i>
Kings Mead	...	...	...	49	163	163
Maine Drive	...	...	...	46	104	104
Temple House	...	...	...	49	344	344
Total	...	...	...	144	611	611

### Maternal Mortality

There were no maternal deaths in 1969.

### Births

The figures given in the following report are based on the number of births actually notified to the Department up to the 31st December, 1969 and do therefore vary slightly from the details provided by the Registrar General.

5,692 notifications were received during 1969 under Section 203, Public Health Act, 1936. Of these 3,884 were live births and 62 were still-births relating to Derby residents. 1,701 were live births and 45 were still-births relating to non-residents. The details were as follows:—

	<i>DOCTOR NOT BOOKED</i>		<i>DOCTOR BOOKED</i>	
RESIDENTS:— Domiciliary. (Confinements).	Doctor present at delivery	—	Doctor present at delivery (either booked doctor or another)	55
	Doctor not present at delivery .. .. .	3	Doctor not present at delivery .. .. .	510
NON-RESIDENT:— Domiciliary (Confinements).	Doctor present at delivery	—	Doctor present at delivery (either booked doctor or another)	—
	Doctor not present at delivery .. .. .	—	Doctor not present at delivery .. .. .	—

	<i>Live Births</i>	<i>Still-Births</i>	<i>Total Non- Residents</i>	<i>Total Residents</i>	<i>Grand Total</i>
RESIDENTS:- Institutional ..	3,320	58	—	3,378	3,378
NON-RESIDENTS:- Institutional ..	1,701	45	1,746	—	1,746
TOTAL ..	5,021	103	1,746	3,378	5,124

3,378 or 85.5%, of total births relating to residents took place in institutions.

### Still-Births

107 still-births were notified. 62 were in respect of Derby residents and 45 non-residents.

### Care of Premature Infants

Total number of premature live babies notified during the year whose mothers are normally resident within the Borough .. ... 291

(a) Born at home ... ... 18

(b) born in hospital ... ... 273

Weight at birth		PREMATURE LIVE BIRTHS												Premature Still-births	
		Born in hospital				Born at home or in a nursing home									
						Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
										Died					
		Total births (1)	within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)	Total births (5)	within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)	Total births (9)	within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)		
1	2 lb 3 oz or less	5	5	-	-	-	-	-	-	-	-	-	8	-	
2	Over 2 lb 3 oz up to and including 3 lb 4 oz ..	14	3	4	-	-	-	-	-	-	-	-	10	-	
3	Over 3 lb 4 oz up to and including 4 lb 6 oz ..	40	5	4	-	1	-	1	-	-	-	-	9	1	
4	Over 4 lb 6 oz up to and including 4 lb 15 oz ..	67	1	2	-	2	-	-	-	-	-	-	3	-	
5	Over 4 lb 15 oz up to and in- cluding 5 lb 8 oz	145	1	3	-	15	-	-	2	-	-	-	3	-	
TOTAL ..		271	15	13	-	18	-	1	-	2	-	-	33	1	

Premature babies born on the district weighing less than  $4\frac{1}{2}$  lbs. were transferred to the Premature Baby Unit.

### Child Health Centres—attendances 1969

Number of Child Health Centres—15

Attendances: —

Under one year of age ... ..	35,176
Aged 1 to 2 years ... ..	9,294
Aged 2 to 5 years ... ..	4,378
Total attendances ... ..	48,848



## WELFARE FOOD SERVICE

Two distribution centres were closed during the year, at the Nightingale Maternity Home, and the Derby Co-operative Society store at Burton Road, Derby, both on 29th March, 1969. A new weekly distribution centre was opened on 3rd April at the Littleover Clinic, Thornhill Road.

The table below shows that there was a substantial decrease in the issue of Full Cream National Dried Milk and a considerable increase in the issue of Orange Juice, compared with 1968. Figures for Half Cream National Dried Milk and Vitamin A & D Tablets reflect a small increase over those for 1968, while the issue of Cod Liver Oil shows virtually no change.

Female staff employed by the Health Department took over the duties of Welfare Foods Assistants at eleven distribution centres on 1st April, 1969, which had for many years been staffed most ably by members of the Womens' Royal Voluntary Service. I would like to place on record my thanks to that organization for their extremely valuable help. Lastly, I must thank MacFisheries Ltd., for continuing to provide facilities for the sale of Welfare Foods in the Food Centre.

### Sales from Distribution Centres during 1969

<i>Distribution Point</i>	<i>National Dried Milk</i>		<i>Cod Liver Oil</i>	<i>Vitamin A &amp; D Tablets</i>	<i>Orange Juice</i>
	<i>Full Cream</i>	<i>Half Cream</i>			
	<i>Tins</i>	<i>Tins</i>	<i>Bottles</i>	<i>Packets</i>	<i>Bottles</i>
Mac Fisheries Food Centre ..	11,165	1,011	1,179	2,504	20,502
Temple House .. .. .	324	28	106	64	643
Boulton Clinic, Wyndham St. ..	1,091	76	200	156	2,773
Nightingale Road Clinic ..	728	6	111	32	614
Pear Tree Baptist, Goodale Street	8,497	167	557	66	1,784
Normanton Clinic .. .. .	517	13	209	112	1,822
Roe Farm Clinic .. .. .	536	26	124	95	1,185
Rykneld Clinic .. .. .	227	17	92	65	1,006
Kings Mead Clinic .. .. .	232	5	127	58	851
Mackworth Clinic .. .. .	278	5	76	66	960
City Hospital .. .. .	-	-	-	173	718
Allestree Clinic .. .. .	356	5	115	103	1,932
Maine Drive Clinic .. .. .	1,290	12	228	246	4,351
Chellaston Clinic .. .. .	219	13	48	88	1,530
Mickleover Clinic .. .. .	784	15	185	235	3,292
Spondon Clinic .. .. .	527	14	216	172	3,782
Derby Co-operative Society, Blagreaves Lane .. .. .	754	-	68	54	2,483
Mr. Jones (Chemist) Allestree ..	786	18	80	102	6,177
Littleover Clinic .. .. .	88	-	51	71	885
Nightingale Maternity Home ..	-	-	20	56	392
Derby Co-operative Society Burton Road .. .. .	70	-	36	51	580
1969 Totals .. .. .	28,469	1,431	3,828	4,569	58,262
Comparative totals for 1968 ..	36,829	1,368	3,832	4,164	47,949

# **DOMICILIARY MIDWIFERY SERVICE**

REPORT BY MRS. D. M. BIGGS, PRINCIPAL MIDWIFERY OFFICER

## **Early Discharge from Hospital**

As the request for hospital confinement exceeded the number of beds available the demand for early discharge continued to increase.

855 patients were visited by the midwife and accepted for 48 hour discharge from hospital. 31 patients who were visited were considered unsuitable because of poor home condition, inadequate help in the home etc.

In addition to the planned discharges many other mothers were discharged from hospital before the tenth day and a total of 2008 visits were made by the domiciliary midwives following these discharges.

## **Attachment of Midwives to General Practice**

The two experimental attachment schemes started in 1968 showed that the advantages of closer co-operation, increased efficiency in ante natal care and the avoidance of duplication of work outweighed the disadvantage of increased travelling. A total of nine midwives are now attached to General Practices.

These midwives attended weekly ante-natal clinic at the doctors' surgery, booked 315 new patients and shared with the doctor the ante-natal care at 1,980 visits paid by domiciliary booked patients and 384 visits made by hospital booked patients.

For the patients not included above three local authority ante-natal clinics functioned weekly.

## **Relaxation and Mothercraft**

The demand for relaxation and mothercraft continued to increase. One midwife attached to general practice organised her own weekly classes in the doctors surgery.

Two classes were held weekly at Castlefords House and at the Kingsmead and Maine Drive Clinics as the demand required.

## **Night Duty Rota**

The night Rota continued to work satisfactorily and enabled midwives to enjoy a more normal home life.

## **Radio Telecommunication**

A great deal of preparation for the introduction of this equipment is now complete and it is expected to be in operation early in 1970.

# **HEALTH VISITING**

BY MISS J. HEADINGTON, PRINCIPAL HEALTH VISITOR

Providing a continuous service to families and individuals in the community is undertaken by the Health Visiting staff, and help and advice is available either in their own homes or at Child Health Centres. At this point I would like to say something about the Health Visitor; she is a State Registered Nurse with a midwifery certificate and an additional social medicine qualification, and she has developed skills and knowledge particular to this type of work.

The five main aspects of her daily duties as laid down by the Council for the Training of Health Visitors are:

- (1) The prevention of mental, physical and emotional ill-health and its consequences.
- (2) The early detection of ill-health and the surveillance of high risk groups.
- (3) The recognition and identification of need and the mobilisation of appropriate resources where necessary.
- (4) Health Teaching.
- (5) The provision of care, this will include support during periods of stress, advice and guidance in cases of illness, as well as in the care and management of young children.

The lengthy training, and the educational requirement for Health Visiting limit the number of applicants. Four students qualified in 1969, two students are training this year, and two more have been accepted for the Health Visitors training course in Nottingham next year.

As can be seen on the adjoining pages, the work of the Health Visitor is varied; a big part of her time is taken up in assisting at Child Health Clinics. Individual advice is available to any member of the family.

The majority of attenders are children under five years of age, and these totalled 48,848 this year. Each week thirty-one child health sessions are held in fifteen Child Health Centres throughout the Borough.

The Diabetic, Paediatric and Geriatric Health Visitors visited hospitals, attended hospital clinics, accompanied Consultants on ward rounds, and followed up discharge patients in their own homes regarding after-care.

Three Group Practice/Health Visitor attachments have continued. Although there have been requests for attachment from other interested Group Practices, this has not been possible due to staff shortage, but if this improves it is hoped that we may follow current trends.

There has been a heavy demand for health education talks to clubs, hospitals and schools, on a wide range of subjects.

2,270 children have been placed on the At Risk Register, Health Visitors have kept them under observation. In some cases there have been symptoms of handicapping conditions and they have been instrumental in getting their needs assessed at a very early age.

During the year my attention has been drawn to accidents in the home that could have been fatal, examples of these are the unguarded fire so dangerous for young and old, tablets and detergents left within the reach of small children and the habit of leaving a young baby alone with a bottle propped in its mouth. Although Home Safety is preached at national and local levels constant warnings seem to have very little effect.

### **Number of Children born during 1969 with Congenital Defects**

The number of children born with congenital defects increased during 1969 to 156; comparative totals for previous years are as follows: 1965—53, 1966—46, 1967—85, 1968—130, (1968 was Boundary Extension year).



Analysis of Congenital Defects, 1969

(Note: some children have more than one defect).

							1969 Births	
							Still	Live
0 CENTRAL NERVOUS SYSTEM								
.1	Anencephalus	...	...	...	...	...	10	—
.8	Spina bifida	...	...	...	...	...	6	5
.4	Hydrocephalus	...	...	...	...	...	2	4
.5	Microcephalus	...	...	...	...	...	—	—
.6	Other specified malformations of brain or spinal cord						1	3
.9	Unspecified malformatoins of brain spinal cord and nervous system	...	...	...	...	...	—	—
1 EYE AND EAR								
.1	Anophthalmos and microphthalmos	...	...	...	...	...	—	—
.3	Cataract and corneal opacity	...	...	...	...	...	—	—
.2	Other specified malformations of eye	...	...	...	...	...	—	1
.0	Unspecified malformations of eye	...	...	...	...	...	—	1
.8	Accessory auricle	...	...	...	...	...	—	—
.9	Other specified malformations of ear	...	...	...	...	...	—	—
.6	Unspecified malformations of ear	...	...	...	...	...	—	—
2 ALIMENTARY SYSTEM								
.1	Cleft lip	...	...	...	...	...	1	6
.2	Cleft palate	...	...	...	...	...	1	6
.6	Malformations of tongue	...	...	...	...	...	—	2
.4	Tracheo-oesophageal fistula, oesophageal atresia and stenosis	...	...	...	...	...	—	—
.3	Hiatus hernia	...	...	...	...	...	—	—
.7	Rectal and anal atresia and stenosis	...	...	...	...	...	—	—
.9	Other specified malformation of alimentary system	...	...	...	...	...	—	1
.0	Unspecified malformations of alimentary system	...	...	...	...	...	—	2
3 HEART AND CIRCULATORY SYSTEM								
.9	Specified malformations of heart and circulatory system						2	13
.0	Unspecified malformations of heart and circulatory system	...	...	...	...	...	—	3
4 RESPIRATORY SYSTEM								
.1	Malformations of nose	...	...	...	...	...	—	—
.9	Other specified malformations of respiratory system	...	...	...	...	...	—	26
.0	Unspecified malformations of respiratory system	...	...	...	...	...	—	—
.7	Malformations of diaphragm	...	...	...	...	...	—	—
5 URINO-GENITAL SYSTEM								
.1	Indeterminate sex and true hermaphroditism	...	...	...	...	...	—	—
.7	Hypospadias, epispadias	...	...	...	...	...	—	3
.2	Undescended testicle	...	...	...	...	...	—	—
.4	Malformations of male external genitalia	...	...	...	...	...	—	1
.3	Hydrocele	...	...	...	...	...	—	1
.5	Malformations of female vagina and external genitalia	...	...	...	...	...	—	—
.6	Exstrophy of bladder	...	...	...	...	...	—	—
.9	Other specified malformations of urino-genital organs (includes pseudohermaphroditism)	...	...	...	...	...	—	3
.0	Unspecified malformations of urino-genital organs	...	...	...	...	...	—	—

6 LIMBS									
.0	Polydactyly	...	...	...	...	...	—	—	
.1	Syndactyly	...	...	...	...	...	—	5	
.2	Reduction deformity hand or arm	...	...	...	...	...	—	—	
.3	Reduction deformity leg or foot	...	...	...	...	...	—	—	
.4	Unspecified reduction deformity of limbs	...	...	...	...	...	—	—	
.5	Talipes	...	...	...	...	...	1	20	
.6	Congenital dislocation of hip	...	...	...	...	...	—	11	
.7	Other specified malformations of upper limb or shoulder	...	...	...	...	...	—	1	
.8	Other specified malformations of leg or pelvis	...	...	...	...	...	—	1	
.9	Unspecified limb malformations	...	...	...	...	...	—	9	

## 7 OTHER PARTS OF MUSCULO-SKELETAL SYSTEM

.1	Malformations of skull or face bones	...	...	...	...	...	—	3	
.2	Malformations of spine—scoliosis curvature—lordosis, not otherwise stated	...	...	...	...	...	—	—	
.5	Chondrodystrophy	...	...	...	...	...	—	—	
.4	Malformations of sternum and ribs	...	...	...	...	...	—	1	
.0	Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	...	...	...	...	...	1	8	

## 8 OTHER SYSTEMS

.0	Branchial cleft, cyst or fistula; pre-auricular sinus	...	...	...	...	...	—	—	
.1	Other malformations of face and neck	...	...	...	...	...	—	2	
.9	Exomphalos, omphalocele (excluding umbilical hernia)	...	...	...	...	...	—	—	
.2	Other unspecified malformations of muscles, skin and fascia	...	...	...	...	...	—	2	
.3	Pigmented naevus	...	...	...	...	...	—	2	
.4	Other specified malformations of skin including ichthyosis congenita	...	...	...	...	...	—	—	
.5	Specified malformations of hair, nails, teeth	...	...	...	...	...	—	—	
.6	Unspecified malformations of hair, nails or teeth	...	...	...	...	...	—	—	

## 9 OTHER MALFORMATIONS

.0	Other and unspecified congenital malformation	...	...	...	...	...	—	3	
.9	Multiple congenital malformations not specified	...	...	...	...	...	1	3	
.4	Conjoined twins	...	...	...	...	...	—	—	
.3	Other monster (includes cyclops)	...	...	...	...	...	—	—	
.6	Down's syndrome (mongolism)	...	...	...	...	...	—	7	
.5	Other Syndromes specified due to chromosomal abnormality	...	...	...	...	...	—	—	
.8	Other specified syndromes	...	...	...	...	...	—	—	

## VISITS BY HEALTH VISITING STAFF—1969

### 1. CHILD WELFARE

Children born in 1969	...	...	...	...	...	...	...	18,190
Children born in 1968	...	...	...	...	...	...	...	8,233
Children born in 1964 to 1967	...	...	...	...	...	...	...	19,232
Total number of children 0 to 5 years	...	...	...	...	...	...	...	45,655

### 2. OVER 65

Persons aged 65 years or over	...	...	...	...	...	...	...	140
Persons aged 65 years or over visited at the special request of G.P. or hospital	...	...	...	...	...	...	...	476

3.	MENTAL DISORDERS	
	Mentally disordered persons	4,627
	Mentally disordered persons visited at the special request of G.P. or hospital.	61
4.	HOSPITAL AFTER-CARE	
	Persons discharged from hospital (other than mental hospitals)	452
	Persons discharged from hospital (other than mental hospitals) at the special request of G.P. or hospital	289
5.	T.B. HOUSEHOLDS	
	T.B. Households	236
6.	INFECTIOUS HOUSEHOLDS	
	Infectious Households	1,844
7.	OTHER VISITS	
	Other visits e.g. cytology, immunisation and vaccination defaulters family planning etc.	16,108
8.	OTHER PUBLIC HEALTH WORK	
	Assisting at Child Health Sessions	1,543
	Assisting at Cytology Clinics	108
	Assisting at Diabetic Clinics	55
	HOSPITAL VISITS	
	Geriatric	44
	Diabetic	108
	Paediatric	62
	GROUP PRACTICE LIAISON	
	Visits to Surgeries	428
	Ante-Natal and Child Health sessions in surgeries	158
	Attendances	2,518
	Number of Student Health Visitors, Student Midwives, Student Nurses from General and Childrens Hospitals and Day Nursery Students accompanying Health Visitors on the district and at clinics	200
9.	MISCELLANEOUS VISITS	
	Attending Committee Meetings	9
	6 Health Visiting Staff attended Kingsway Hospital for lectures once weekly for 24 weeks.	
	12 Health Visiting Staff attended Wetherby Industrial Unit	
	6 Health Visiting Staff attended Ivy Square Special Care Unit.	
10.	HEALTH EDUCATION	
	Talks in maternity hospitals to expectant mothers,	Films 52
	nursing students, school children and various clubs	Talks 58
	Talks and use of film strips in Child Health and	Groups 46
	Ante-Natal Clinics in Group Practices	Attendances 323
	Talks and use of film strips in Child Health	Groups 395
	Clinics	Attendances 1,631



11.	PART-TIME USE OF INTERPRETER FOR INDIAN AND PAKISTANI FAMILIES							
	Clinic Sessions	...	...	...	...	...	...	200
	Home Visiting Sessions	...	...	...	...	...	...	48
12.	PLAY GROUPS AND CHILD MINDERS							
	Visits to Play Groups	...	...	...	...	...	...	77
	Visits to Child Minders	...	...	...	...	...	...	448

## Children of Pre-School Age

During the year under review, routine medical inspection was carried out in 1,481 children of two, three and four years of age. Of this number, 157 children were referred for treatment and 535 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 639. In addition, 88 re-inspections and 126 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year.—

Orthopaedic Clinic	...	...	...	...	...	...	...	133
Dental Clinic	...	...	...	...	...	...	...	228
Child Guidance Clinic	...	...	...	...	...	...	...	25
Aural Clinic	...	...	...	...	...	...	...	7
Speech Clinic	...	...	...	...	...	...	...	54

## PLAY GROUPS AND CHILD MINDERS

REPORT BY MISS J. HEADINGTON, PRINCIPAL HEALTH VISITOR

In November 1968 it was decided to nominate a Health Visitor to carry out duties regarding the new recommendations for Play Groups and Child Minders, so that on 1st February, 1969 when the Health Services and Public Health Act came into effect, a scheme for registration was working satisfactorily.

By the end of the year eighty-one Child Minders and fifteen Play Groups had been registered.

This service entailed visiting applicants regarding health and hygiene aspects, advice on home safety and play facilities for children. There has been liaison with other Corporation departments, and the Fire Prevention Officers have checked all premises regarding faulty wiring, wall sockets, suitable fireguards, and advice on paraffin heaters. All these requirements have been made good before registration.

There are still a number of Play Groups and Child Minders applications to be completed, and a steady stream of new applicants continue to contact the department.

Television programmes and advertisements in the local press have helped to enlighten the public about the new requirements for daily minding. Unqualified Child Minders are still practising, and these come to our knowledge in various ways. When visited at home many plead ignorance of the law and either agree to the conditions of registration or return the children to their parents.

Play Groups operating on a sessional basis are giving an excellent service for the three to five year olds, and the voluntary spirit of organisers and helpers must be greatly admired.

In several Play Groups a high percentage of Asian and West Indian children are participating in play with a purpose, which is helping parents and children to overcome language difficulties.

In view of the growing demand for female labour, day care facilities for children under five years of age are here to stay. The motherly type of woman who for various reasons stays at home is a commodity to be cherished in the Child Minding field.

The daily Minders have not only cared for the children of working mothers but children who have become motherless due to other reasons, desertion of the family, admission to hospital, and the sudden death of a mother.

The Health Visitor concerned with this work has also visited premises and homes after registration, maintaining a system of visiting, creating good relationships and giving help and advice.

Premises and persons registered under Section 1 of Nurseries and Child Minders' Regulation Act 1948.

TABLE 1	Registered Premises			Registered persons 4
	Factory 1	Other 2	Total 3	
Number of premises or persons registered at end of year ... ..	—	15	15	81
Number of children permitted ... ..	—	438	438	372

Type of care (all day or sessional) provided by premises and persons included in Table 1.

TABLE 2	Premises providing		Persons providing	
	all day care 1	sessional care 2	all day care 3	sessional care 4
Number of premises or persons ...	—	15	60	21
Number of children permitted ... ..	—	438	179	193

Registrations included in Table 1 brought about as a direct result of the amendments to the Act of 1948 made by sections 60 (2) and 60 (3) of the Health Services and Public Health Act 1968.

TABLE 3	Registered Premises			Registered persons 4
	Factory 1	Other 2	Total 3	
Number of premises or persons ... ..	—	7	7	59
Number of children permitted ... ..	—	190	190	200

# DERBY DIOCESAN COUNCIL FOR SOCIAL WORK

## REPORT BY THE ORGANISING SECRETARY

The total number of new cases referred during the year was 98 the analysis being as follows:—

Unmarried mothers	...	...	...	...	...	...	...	...	66
Babies placed with prospective adopters	...	...	...	...	...	...	...	...	25
Family problems	...	...	...	...	...	...	...	...	2
Aftercare	...	...	...	...	...	...	...	...	5

These figures show an overall decrease of 16. It was only to be expected that there should be a diminishing demand for the Council's help in view of the levelling out of the birth date, the prescribing of the Pill for the unmarried, the new Abortion Act, etc. In fact 22 fewer families asked for help because of an illegitimate pregnancy, but 10 more babies than last year were placed within the Borough with a view to adoption.

Following the trend of recent years fewer (9) girls asked for admission to a Mother and Baby Home, and in fact 50% of Homes throughout the country closed during 1969. It is not anticipated however, that the demand for care in a residential setting will cease altogether. Some clients have preferred to accept hospitality in private families during the pregnancy as an alternative, and we appreciate the assistance given in this way by Derbyshire families.

## DAY NURSERIES

### REPORT BY MRS. M. R. MOSS, SUPERVISOR

The five Derby Day Nurseries continued the care of some of the town's very young citizens as in previous years. The children progressed and thrived in the care, freedom and security of happy nurseries.

On record this year are a few cases which benefited by the facilities afforded by the day nurseries .

One baby aged 3 months—Very young parents, father 18 years old and epileptic and mother 17 years old. Living in flat and trying to get home together.

Two children aged 18 months and 2½ years—Mother left home—Nursery care enabled father to continue working as there were no relatives who could help to look after children.

One baby aged 2 months—Young unmarried mother—child fostered out—offered nursery accommodation so that mother could have her baby home—there by preventing long term fostering.

One child aged 2½ years—High grade Mongol—Referred by G.P. who felt this child would benefit by day nursery care.

One child aged 3 years—Referred by Child Care Officer—Mother a psychopath of low I.Q. who shouted at everyone almost continually. Home circumstances very bad and reflected on child's behaviour—felt day nursery care would help child have a better upbringing.



One child aged 3 years—Referred by G.P. who strongly recommended day nursery care for this child in preparation for school and for mother's benefit as she suffered from epilepsy and child aggravated this condition as he would not leave her, even to be left with his father. Doctor felt that the epilepsy in mother would be easier to control if child could be found a nursery place. Both child and mother benefited in this instance.

As will be seen the admission of children is governed mainly by circumstance:

- 1) Financial need.
- 2) Social need.
- 3) Handicap of child, mother or father.
- 4) Parents unable to cope, i.e. parents under stress, for some reason.

### Waiting List

The number of applications outstanding at the end of 1969 (as quoted below) shows that many members of the public of Derby are desirous of the Day Nursery facility. Particularly it is beneficial to those who need to work full-time—the nurseries being open from 8-00 a.m. to 6-00 p.m. The benefit of a full-time worker also assists the employers of Derby whether it be staffing the hospitals, schools, transport or factories. The mothers of very young children who need or wish to work have to conjure up a great deal of energy. The physical toll on a woman who combines two or three roles—one outside and probably in some instances two at home—is considerable.

Most women are dependent on their husband to a considerable extent to co-operate with them, to share household tasks and tolerate small difficulties that would probably not occur if mother was at home all day. In the past and still in some circles it has been suggested that young children suffer ill-effects when parted from their parents whilst they are working. It has now been established that if there *are* any ill-effects, these are usually more stressful to the mother than the child. Researchers have proved that contrary to popular misconception, pre-school children, whose mothers work, are often more independent, self-assertive and less guilt-prone than those who spend their time almost exclusively in their mothers company.

Providing the day nursery is of good standard resulting in the children being happy and secure in the care of the staff—this then cannot do anything but good all round—particularly as it often relieves the parent/s of anxieties in relation to the standard of the home and of dispelling embarrassing financial commitments.

Priority admissions were given attention as soon as places became vacant and thus, those that were in 'dire need' were assisted as promptly as possible.

*Number of nurseries at end of year—5.*

*Number of places at end of year—220.*

*Average daily attendance during year—202.*

*Number of children on register at end of year—257.*

*Number of children on waiting lists at end of year—481.*

NURSERY FEES—remained the same as the previous year. The maximum fee being 10/- per child per day, 6/- part time (from 8-00 a.m. until 1-00 p.m. or from 1-00 p.m. until 6-00 p.m.) and 2/- for family where only mothers income received.



## Medical Care

Control of all nursery children is maintained by periodic medical inspection as in previous years.

## Immunisation and Vaccination

This also is carried out as in past years. Children are given the benefit of protection against:—

Diphtheria; Pertussis; Tetanus; Smallpox; Poliomyelitis; Measles.

The value of these preventive measures to the nursery children is obvious and we are most grateful for this essential coverage by Derby's Medical Officer.

## Stool Investigation

Examination of all children's stools by Derby's Pathological Laboratory continues. The result of this routine examination for 1969 was as follows:—

Total number of stools examined—297.

Number of negative results—276.

Number of positive results—21 (19 E. Coli) (2 Dysentery).

## Staffing

The staffing of the Derby day nurseries has this year reached the recommended level laid down by the Department of Health & Social Security. Regrettably since this came into force difficulties have arisen—insufficient numbers of *suitably* qualified staff have come forward. This being a nation-wide difficulty it is hoped that the urgent efforts afoot will assist—otherwise the standard of care to the children and the training of students will be 'in the balance'.

*The demand for qualified nursery nurses far exceeds the supply!*

## Training of Students

The training of students for the National Nursery Examination Board's Diploma in Nursery Nursing (under the auspices of the Royal Society of Health) is an important feature of this work. The number of students who entered in June 1969 for the Board's examination was fifteen. All obtained their Diplomas. Of these—

Six were promoted to the post of Staff Nursery Nurse and remained in the local authorities day nurseries.

Two to private families as 'nanny'.

One to a Play Group.

One to Premature Baby Unit.

One to Children's Hospital.

Two to residential nursery.

One to private day nursery.

One assistant in infant school.

The recruitment of young ladies for training is an easy task—the number of applications far exceed the number of student places each year. Many girls therefore never fulfil their ambition in Derby.

More training establishments are needed, as nursery students can only become good qualified staff. If they have *practical* experience of babies and children of the 0-7 year old groups.

### III—SCHOOL DENTAL SERVICE

REPORT BY MR. F. GROSSMAN, PRINCIPAL SCHOOL DENTAL OFFICER

1969 was notable for the fact that we were able to open the dental suites at Mackworth and Chaddesden, which had remained closed since the clinics were built. These clinics have been well supported, and justified the decision to open them. They avoid the necessity for parents and children travelling the long distance to the Central Clinic. Many of the patients who made use of these clinics, I am sure would not have made the long journey to the Central Clinic, nor would they have had any dental treatment undertaken.

The opening of the clinics at Chaddesden and Mackworth was due to the appointment of one full-time and two part-time Dental Officers. At the end of the year we had the equivalent of three and seven-tenths full-time Officers, out of an establishment of seven, made up of three whole-time and two part-time Officers. In addition, a Dental Auxiliary is employed to carry out conservation work and give talks on dental health to school children. The medical practitioners who act as anaesthetists are employed for a total of three sessions per week. The ratio of Dental Officers to school children is now approximately one to 9,500.

During the year we lost the services of Mrs. Knowles, a Dental Auxiliary who had been with us for six years. Mrs. Knowles was our first Dental Auxiliary, and we were sorry to lose her valuable service. Fortunately we were able to secure a replacement immediately.

It is of interest to note that since the commencement of the National Health Service in 1948, the number of general practitioners in active dental practice in Derby and district has increased from twenty-nine to forty-nine. This gives an indication of the evergrowing interest in dental care by the population.

#### Staff

The position regarding dental surgery assistants is very unsatisfactory. The dental surgery assistant is a very important part of the team. In order to get the maximum amount of work, with the maximum comfort, good chairside assistance is necessary.

During the year we had six resignations, and were very often in a position where one dental surgery assistant had to look after two, and sometimes three, surgeries at the same time, due to the difficulties in obtaining the necessary staff. These changes, most regrettable though they be, are not surprising, for the salary scale now arrived at for dental surgery assistants place them in the unenviable position of being among the lowest paid members of the local Authority. It is hardly expected that our assistants will continue to remain under those conditions when they can transfer to other departments for more pay.

#### Premises

In previous reports I drew attention to the continual movement of the population towards the outskirts of the town, and to the fact that the position of the Central Dental Clinic at Mill Hill Road is now out of date and inadequate, and not now generally accessible. I am aware it is neither practical, nor necessary, to open clinics in all districts. The ideal would be a main clinic centrally situated, and branch clinics in the most outlying areas. As I have mentioned, a start has now been made in this direction by opening the clinics at Mackworth and Chaddesden.

Fluoridation

Though much still remains to be learned about caries in teeth, most people know the rules for good oral health, but few practise them. I feel that dental health propaganda has its limitations, and the only way for the masses is the fluoridation of the water supply. No new health measures have been subjected to such careful investigations, and it has been proved that where the domestic water supply contains one part per million of fluoride, the teeth of the children have greatly benefitted, and no side effects have been observed. It would, according to the best authorities, bring about a reduction of approximately sixty per cent. in the prevalence of caries.

I am pleased to report that we are in the process of entering into an agreement with neighbouring Authorities with regard to the addition of fluoride to the water supply, and it is hoped this will be put into effect later this year.

Orthodontics

Orthodontics is one of the most important branches of preventive dentistry. The over-crowding of teeth facilitates accumulation of food, which leads to caries and gum conditions, which may lead to pyorrhoea. Also the psychological influence of the part played by teeth in aesthetics is very important.

I am pleased to report that the Hospital Management Committee have decided to appoint a full-time Consultant Orthodontist to commence in April to replace the part-time appointment.

INSPECTION AND TREATMENT

*Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1969.*

Number of pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools, in January, 1970: —36,795.

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit ... ..	2,731	2,198	511	5,440
Subsequent visits ... ..	3,230	4,081	973	8,284
Total visits ... ..	5,961	6,279	1,484	13,724
Additional courses of treatment commenced ... ..	293	372	78	743
Fillings in permanent teeth ...	2,460	5,768	1,956	10,184
Fillings in deciduous teeth ...	1,899	154	—	2053
Permanent teeth filled ...	1,950	4,773	1,307	8,030
Deciduous teeth filled ...	1,789	152	—	1,941
Permanent teeth extracted ...	284	1,109	230	1,623
Deciduous teeth extracted ...	2,895	833	—	3,728
General anaesthetics ... ..	1,528	860	114	2,502
Emergencies ... ..	782	330	47	1,159



Number of pupils X-rayed ... ..	102
Prophylaxis ... ..	225
Teeth otherwise conserved ... ..	21
Number of teeth root filled ... ..	16
Inlays ... ..	—
Crowns ... ..	27
Courses of treatment completed ... ..	5,729

## ORTHODONTICS

Cases remaining from previous year ... ..	21
New cases commenced during year ... ..	71
Cases completed during year ... ..	34
Cases discontinued during year ... ..	4
No. of removable appliances fitted ... ..	—
No. of fixed appliances fitted ... ..	80
Pupils referred to Hospital Consultant ... ..	14

## PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	2	2
Pupils supplied with other dentures (first time) ... ..	5	20	8	33
Number of dentures supplied	5	49	26	80

## ANAESTHETICS

General Anaesthetics administered by Dental Officers—106.

## INSPECTIONS

(a) First inspection at school. Number of pupils ... ..	21,423
(b) First inspection at clinic. Number of pupils ... ..	3,024
Number of (a) + (b) found to require treatment ... ..	10,499
Number of (a) + (b) offered treatment ... ..	9,251
(c) Pupils re-inspected at school or clinic ... ..	3,981
Number of (c) found to require treatment ... ..	1,928

## SESSIONS

Sessions devoted to treatment ... ..	1,626
Sessions devoted to inspection ... ..	183
Sessions devoted to Dental Health Education ... ..	37

## DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

### ATTENDANCE AND TREATMENT

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of visits for treatment during year:		
First visit ... ..	228	101
Subsequent visits ... ..	207	168
Total visits ... ..	435	269

Number of additional courses of treatment other than the first course commenced during year ... ..	19	3
--	----	---

Treatment provided during the year : —

Number of fillings ... ..	201	70
Teeth filled ... ..	196	67
Teeth extracted ... ..	423	306
General anaesthetics given ... ..	186	59
Emergency visits by patients ... ..	138	63
Patients X-rayed ... ..	1	4
Patients treated by scaling and/or re- moval of stains from the teeth (Prophylaxis) ... ..	3	22
Teeth otherwise conserved ... ..	9	—
Teeth root filled ... ..	—	—
Inlays ... ..	—	—
Crowns ... ..	—	1
Number of courses of treatment completed during the year ... ..	159	67

## PROSTHETICS

Patients supplied with F.U. or F.L. (first time) ... ..	9
Patients supplied with other dentures	12
Number of dentures supplied ... ..	48

## ANAESTHETICS

General anaesthetics administered by Dental Officers ... ..	—
--	---

## INSPECTIONS

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first in- spections during year ... ..	311	119
Number of patients who required treatment ... ..	241	109
Number of patients who were offered treatment ... ..	240	107

## SESSIONS

Number of Dental Officer sessions (i.e.  
equivalent complete half days) devoted  
to Maternity and Child Welfare  
patients : —

For treatment ... ..	73
For Health Education ... ..	—



## IV—SCHOOLS AND SCHOOL CHILDREN

REPORT BY DR. J. E. MASTERSON, DEPUTY MEDICAL OFFICER OF HEALTH AND  
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

### GENERAL REVIEW

During the year some short-comings in the School Health Service, and the difficulty of coping with all the demands for special education, became more apparent. These inadequacies were undoubtedly accentuated by the increase in the school population, but I am pleased to note at the time of writing this report in 1970, that there are indications that conditions will ease in the future.

Fortunately none of the medical staff left the Department, but the only addition during the year was the appointment of Dr. Reford as part-time Medical Officer to Ashe Hall School. Dr. Reford's help is greatly valued—he resides near to the School, and his services are always available when required, both for routine examinations and emergency treatments.

Although routine medical inspections continue to be the corner-stone of the Service, more and more of the Medical Officers' time is devoted to dealing with specific problems brought forward by Head Teachers and others. It has always been our policy to deal with special requests for advice as ably and as promptly as possible, and our relations with the Schools are very cordial.

I referred last year to the increasing difficulty of placing in suitable schools children suffering from particular handicaps, and I would like to refer again to the plight of some of our educationally subnormal children. We now have a waiting list of nearly a hundred such children, and I have reason to believe that there may be considerably more. This problem will remain with us until a third E.S.N. School is provided.

Another group of children proving difficult to place are the maladjusted. Their numbers seem to increase steadily, and residential places, particularly within a reasonable distance of Derby, are very hard to find. A few of the less severely maladjusted have been admitted to Ashe Hall School over the years, and the stabilising influence of a regular routine has proved beneficial, but the School, as it is at present constituted, is not intended for these children, and so only a very small fraction of our maladjusted children can be placed there. Ashe Hall was opened nearly twenty years ago as a school for Derby Borough delicate children, and initially every place was taken by a Borough child. With improvements in housing, and medical advances, the number of delicate children generally has declined, and now the School is only half occupied by Borough children—the rest come from surrounding areas. Even so, many children are not primarily delicate—their deterioration in health has been partly caused by various unsatisfactory home conditions. For these children, a period at the School is well worthwhile, and they are better able to cope in the outside world when they leave to take up employment, or return to their local day school. One day we may have to consider changing the character of the School further, and perhaps adapting it to take maladjusted children.

The position regarding partially hearing children remains unchanged during the year, but next year I shall be able to report about the work of a peripatetic teacher of the deaf, who will have joined the Service. Eventually we shall no doubt have a partially hearing unit of our own as well.

Details of routine work undertaken in the year is given in the reports which follow, and I would like to draw attention to the considerable increase in the number of examinations carried out for the Children's Committee.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS

Periodic Medical Inspection

Number of Children inspected:—The total number of children inspected was 5,650. Of these, 3,255 were boys and 2,395 were girls. In addition, 159 children were brought forward for special examination by head teachers.

FINDINGS AT PERIODIC INSPECTION

Physical Condition

The physical condition of the 5,650 pupils inspected in 1969 was classified as follows:—

Satisfactory	...	...	5,644
Unsatisfactory	...	...	6

Heights and Weights

Age	Year	BOYS			GIRLS		
		Number examined	Average Height (inches)	Average Weight (lbs.)	Number examined	Average Height (inches)	Average Weight (lbs.)
5 years	1912	440	40.27	39.42	462	40.16	35.56
	1919	499	40.7	39.4	496	40.3	39.1
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1956	812	43.2	43.0	700	43.0	42.1
Born 1957	1962	514	42.9	42.9	468	42.2	41.3
Born 1958	1963	481	42.9	42.7	418	42.7	41.8
Born 1959	1964	477	42.9	42.6	429	42.7	42.5
Born 1960	1965	416	43.1	43.0	393	43.2	42.2
Born 1961	1966	427	43.1	42.7	399	42.6	42.0
Born 1962	1967	513	43.1	43.3	484	43.0	42.0
Born 1963	1968	471	43.0	43.8	441	43.0	42.5
Born 1964	1969	459	43.5	44.4	397	42.9	43.0
14 years . .	1947	425	62.8	104.4	364	62.0	106.3
	1956	751	63.3	108.1	590	62.1	109.6
	Born 1948	510	62.6	109.1	389	61.7	109.1
	Born 1949	405	63.1	109.0	404	61.8	112.3
	Born 1950	290	62.2	106.7	222	61.0	107.9
	Born 1951	313	63.0	109.7	244	61.3	113.7
	Born 1952	263	62.9	108.4	285	63.9	110.2
	Born 1953	465	62.9	107.3	382	61.9	110.2
	Born 1954	177	62.7	108.9	258	61.5	111.2
	Born 1955	354	62.8	109.0	181	62.5	111.6

Visual Defects and External Eye Diseases

The percentage of children found to have defective vision was 17%.

In the two age groups, the percentages of children who were unable to read 6/6, 6/6, were:—

Boys born	Girls born	Boys born	Girls born
1964	1964	1955	1955
8.1%	8.3%	19.7%	20.4%

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were: —

Boys born	Girls born	Boys born	Girls born
1964	1964	1955	1955
6.8%	6.0%	8.5%	7.7%

The percentage of the children noted as requiring treatment was 11.6%.

The number of partially sighted children as judged by the accepted criteria is 10.

## Squint

The number of children born in 1964 found to have a squint, even of the smallest degree, was 22.

## Colour Vision Testing, 1969

Date of Birth	BOYS					GIRLS				
	No. tested	No. with correct C.V.	No. with defective C.V.	No. to be re-tested	% with defective C.V.	No. tested	No. with correct C.V.	No. with defective C.V.	No. to be re-tested	% with defective C.V.
1963 and 1964	1029	1018	11	—	1.1%	931	931	—	—	—
1954 and 1955	786	745	41	—	5.2%	481	479	2	—	.4%
TOTALS	1815	1763	52	—	2.9%	1412	1410	2	—	.1%

Parents of all children with defective colour vision are notified so that further investigation may be made if colour vision is likely to play an important part in the child's future career.

## External Eye Disease

The following defects were found in the course of periodic medical inspection: —

Blepharitis	...	...	2
Other Defects	...	...	22

## Uncleanliness

See Report on page 56. (Verminous Heads).

## Minor Ailments and Diseases of the Skin

The following skin diseases were recorded at the medical inspections: —

Eczema	68	Scabies	3
Warts	14	Psoriasis	7
Naevus	2	Athletes Foot	6
Verrucae	16	Other Diseases	125
Acne	3		

## Nose and Throat Defects

The number of children referred for treatment for enlarged tonsils and adenoids was .42 per cent of the number examined. The percentage placed under observation was 4.7.



## Ear Disease and Defective Hearing

61 children were noted as suffering from Otorrhoea at periodic medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 336 cases.

## Orthopaedic and Postural Defects

The following deformities were noted at the periodic medical inspections: —  
Foot deformities—125; Postural defects—30; Other defects—200.

## Vaccination

2,594 (45.9 per cent) of the 5,650 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows:—

1938	10.8	1965	30.5
1945	8.0	1966	34.3
1955	12.8	1967	35.1
1962	30.9	1968	38.8
1963	32.7	1969	45.9
1964	34.3		

## FOLLOWING UP

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

## ARRANGEMENTS FOR TREATMENT

### School Clinics

	Monday		Tuesday		Wednesday		Thursday		Friday	
	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>
Central Clinic, Temple House ..	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. R.G. S.	M.A. C.G. S.	C.G. R.G. S.	S. M.A. C.G.	S. C.G.	C.G. R.G. S.	C.G. S.
<i>Branch Clinics</i>										
Nightingale Road ..	—	—	—	M.A.	—	—	—	—	—	M.A.
Boulton .. ..	M.A.	—	—	—	—	—	M.A.	—	—	—
Normanton .. ..	—	M.A.	—	—	—	—	—	M.A.	—	—
Ryknelde .. ..	—	—	M.A.	—	—	—	—	—	M.A.	—
Roe Farm .. ..	M.A.	—	—	—	—	—	M.A.	—	—	—
Kings Mead .. ..	—	—	M.A.	—	—	—	—	—	M.A.	—
Mackworth .. ..	—	M.A.	—	—	—	—	—	M.A.	—	—

M.A. ... Minor Ailments Clinic  
S. ... Speech Clinic

C.G. ... Child Guidance Clinic  
R.G. ... Remedial Gymnast's Class

In addition, the following Regional Hospital Board clinics are held in the Central Clinic premises:—

Ophthalmic Clinic	...	...	...	One session per week
Orthopaedic Clinic	...	...	...	One session per week
Aural Clinic	...	...	...	One session per week

### Minor Ailments Clinic

The total number of children attending these clinics was 2,523 and the number of attendances was 8,812. 854 examinations were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931.

<i>Year</i>	<i>No. of children attending</i>	<i>Attendance</i>
1931	11,470	55,460
1938	19,224	63,820
1945	16,810	59,750
1948	10,593	47,959
1958	2,886	20,129
1962	3,388	15,539
1963	3,490	16,645
1964	3,269	13,591
1965	2,928	11,618
1966	3,005	9,911
1967	3,153	9,492
1968	2,429	8,004
1969	2,523	8,812

### Aural Clinic, Mill Hill Lane

The number of children who received operative treatment for tonsils and adenoids during 1969 was 36.

Total number of cases attended	94
Total number of attendances	136
Number of X-ray examinations (at hospital)	1

### Orthopaedic Clinic, Mill Hill Lane

Total number of cases attended	348
Total number of attendances	433

Included in these figures are 92 cases referred from Child Health Centres.

Number of X-ray examinations (at hospital)	30
Attendances at Splint Maker	196

### Remedial Gymnast

Total number of attendances (at Central Clinic)	800
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AT ASHE HALL SPECIAL SCHOOL:—

Number of children treated	44
Number of treatments given	4,116
Number of visits to School	207



## Opthalmic Clinic, Mill Hill Lane

Total number of cases attended	490
Total number of attendances	505

## Orthoptic Clinic

I am indebted to the Orthoptist in charge of the Department, for the following report:—

Number of cases dealt with during 1969	25
--	----

### CLASSIFICATION

Under observation, on preliminary treatment, or actual treatment	16
Discharged	9
Total number of attendances	116

## SPEECH THERAPY CLINIC

REPORT BY MRS. A. M. OTLEY, SENIOR SPEECH THERAPIST.

During 1969 the Speech Therapy Clinic has had a staff of four, amounting to three full-time therapists—Mrs. Turner and Mrs. Henton joining us in January and February respectively. This increase in staff is reflected in increased treatments and discharges. Mrs. Fisher left us in September, the year closing with two and a half full-time staff.

The service from the School Clinic at Mill Hill Lane has continued steadily. Two groups were formed—one to help in diagnosis through the observation of children during play and other activities, and the other to introduce children to informal treatment before commencing individual treatment. Both have proved valuable.

More school visits have been possible than previously. Visits are made to discuss children whilst undergoing treatment, or at the request of head teachers in order to discuss children who appear to have speech problems. Co-operation from parents is good, and home visits are seldom necessary simply to persuade parents of the importance of bringing their children to the Clinic.

Clinics are held each week during the school terms at St. Giles' and St. Martin's E.S.N. Schools, and at Ivy House Training Centre, and a Clinic was opened at Maine Drive, Chaddesden, in April.

No. of cases seen during 1969	... ..	359
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(Of these cases, 11 were treated at Derbyshire Royal Infirmary, and 23 are on the waiting list but have been interviewed)

### Classification of cases seen during 1969:

Stammer	... ..	30	}	359
Dyslalia	... ..	59		
Cleft Palate	... ..	28		
Retarded speech and/or language development	... ..	216		
Others	... ..	26		
No. of cases carried over from 1968	... ..	157		
No. of new cases admitted during 1969	... ..	168		
No. of cases carried over into 1970	... ..	177		

No. discharged during 1969: (This includes 30 cases discharged before treatment commenced).

Speech normal ...	...	...	...	...	79	} 178
Much improved	...	...	...	...	42	
Failed to attend	...	...	...	...	26	
Treatment contra-indicated	...	...	...	...	13	
At parents' request	...	...	...	...	12	
Left district	...	...	...	...	3	
To Child Guidance	...	...	...	...	2	
To Special School	...	...	...	...	1	
No. referred during 1969	...	...	...	...	...	212
No. on waiting list at 31st December, 1969	...	...	...	...	...	35
No. of School visits	...	...	...	...	...	164
No. of Home visits	...	...	...	...	...	10
No. of Clinics held	...	...	...	...	...	1,058
Actual no. of attendances	...	...	...	...	...	3,408
Possible no. of attendances	...	...	...	...	...	4,274

### Cases treated at Derbyshire Royal Infirmary during 1969

No. of children seen during 1969	...	...	...	...	11
No. of children discharged during 1969	...	...	...	...	8
No. of children carried over to 1970	...	...	...	...	3

## CHILD GUIDANCE CLINIC

REPORT BY DR. V. PILLAI, CONSULTANT IN CHILD PSYCHIATRY.

During the year 1969 the clinical work carried out at the Child Guidance Clinic showed little or no significant change from that of the previous year. Because the total case load was distributed between the Child Guidance Clinic, The Grange Child Psychiatric Unit and the Children's Hospital, the period of waiting for initial diagnostic interview was shortened. All urgent cases tend to be seen early, often during the same week.

Also during this year more sessional time was spent with the Child Care Officers, Houseparents, Foster-parents and Probation Officers, and this, I feel, will help them in their management of children under their charge. This line of help is worthy of pursuing because one hopes that this will act as a preventive measure.

Mr. Carabine, Principal Medical Social Worker from the Public Health Department, was able to arrange 'Social' Worker help by the staff of his department; they have been of great help to us.

We have revived the clinic Team Conference of Educational Psychologists, Social Workers and myself. These have become a regular feature during the week and have helped to foster a feeling of co-ordinated approach to the child and the family. Our aim is that this may also lead to in-service training for the clinic staff.

Both Educational Psychologists have continued to provide valuable help in assessing children at the clinic and also in establishing liaison with the schools.

Our three Remedial Teachers have continued to provide valuable help to the children both in schools and at the clinic.

I am grateful to all my colleagues at the clinic and to Dr. Masterson and Mr. Middleton for their help.

The statistical tables attached to the report show that the clinical work has continued as effectively as in previous years.

## Statistical Tables

NOTE 1.—The figures in these tables refer only to the actual work done in the Child Guidance Clinic during 1969. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals in the various tables cannot tally with each other.

NOTE 2.—The corresponding figures for 1968 and 1967 are given in brackets.

TABLE I. <i>Interviews carried out by Psychiatrist</i>	1969	1968	1967
New Cases ... ..	74	(97)	(91)
Interviews with Parents ... ..	190	(179)	(125)
Treatment Interviews ... ..	58	(49)	(56)
Survey Interviews ... ..	94	(62)	(50)
Others (Children's Officer, Foster-Parents, Probation Officer, etc.) ... ..	40	(17)	(27)
Home Visits ... ..	—	—	(5)

TABLE II. <i>Interviews carried out by Educational Psychologists</i>	1969	1968	1967
Clinic Interviews for Intelligence and Other Tests	294	(265)	(163)
Test Interviews in Schools ... ..	321	(258)	(149)
Schools Visits ... ..	242	(161)	(74)
Home Visits ... ..	6	(1)	(2)
Play or Tutor Sessions ... ..	11	(44)	(35)
Parents ... ..	97	(257)	(5)
Others (Children's Department, Probation Officer, School Welfare, Health Visitor, Medical Practitioners, N.S.P.C.C., etc.) ... ..	16	(27)	(6)

TABLE III. <i>Interviews carried out by Social Workers</i>	1969	1968	1967
Parents Interviewed at Clinic ... ..	110	(—)	(302)
Parents Interviewed at Home ... ..	112	(—)	(2)
School Visits ... ..	2	(—)	(—)

TABLE IV. <i>Sessions worked by Remedial Teachers</i>	1969	1968	1967
MISS HARDY			
Group Sessions in Schools ... ..	298	(294)	(298)
Individual Teaching Sessions at Clinic ... ..	370	(306)	(286)
MRS. RODWELL			
Group and Individual Sessions in Schools ... ..	1.210	(503)	(—)
MRS. SMITH			
Group and Individual Sessions in Schools ... ..	303	(474)	(384)

TABLE V.			
New Cases referred to Child Guidance Clinic during 1969 ... ..	215	(252)	(169)
New Cases remaining 31st December where full diagnostic interviews are still incomplete ...	18	(22)	(12)
Recommended for:—			
Intensive Treatment ... ..	18	(31)	(20)
Survey ... ..	27	(54)	(69)
Relationship Therapy or Play Group ... ..	4	(—)	(5)
Remedial Teaching ... ..	11	(3)	(4)



Diagnosis and Initial Advice Only ... ..	47	(51)	(19)
Other Disposals ... ..	12	(11)	(14)
Cases closed, including those referred for initial advice and report only ... ..	91	(120)	(112)

TABLE VI. <i>Sources of Referral</i>	1969	1968	1967
School Medical Service ... ..	94	(94)	(38)
Schools ... ..	44	(58)	(46)
Parents ... ..	4	(7)	(14)
Speech Therapist ... ..	1	(3)	(4)
Children's Officer ... ..	18	(13)	(9)
General Practitioners ... ..	36	(46)	(19)
Hospitals ... ..	7	(14)	(12)
School Welfare ... ..	4	(1)	(2)
County Child Guidance Clinic ... ..	2	(10)	(7)
Others (Youth Employment) ... ..	2	(—)	(—)

TABLE VII. <i>Distribution of Schools</i>	1969	1968	1967
Pre-School ... ..	24	(26)	(16)
Nursery ... ..	1	(3)	(6)
Infants ... ..	38	(54)	(27)
Junior ... ..	75	(103)	(46)
Secondary Modern ... ..	43	(39)	(25)
Grammar and Secondary Technical ... ..	11	(10)	(9)
Not at School ... ..	5	(5)	(4)
Special Schools:—			
Educationally Sub-normal ... ..	2	(5)	(5)
Physically Handicapped and Delicate Children	7	(6)	(1)
Private Schools ... ..	2	(1)	(2)
Immigrant Centre ... ..	4	(2)	(—)

TABLE VIII. <i>Reasons for Referral</i>	1969	1968	1967
<i>(Note.—The large variety of individual reasons are here grouped for convenience into four arbitrary and over-lapping categories).</i>			
Educational Problems ... ..	88	(107)	(29)
Behaviour Problems ... ..	84	(105)	(68)
Emotional (nervous) Problems ... ..	37	(14)	(41)
Other Reasons ... ..	6	(26)	(10)

TABLE IX. <i>State of Cases on Closure</i>	1969	1968	1967
(a) Completed:—			
Much Improved ... ..	9	(11)	(14)
Improved ... ..	4	(20)	(29)
No Change ... ..	2	(8)	(4)
(b) Cases closed for other reasons, including children who have left school or the area before treatment was complete, or cases closed because of lack of co-operation ... ..	40	(34)	(24)
(c) Diagnosis, Initial Advice and Report only ...	32	(51)	(36)

## PROVISION OF MEALS

The number of children on the Free Meal List is 2,399.

## CO-OPERATION OF PARENTS

The number of parents who attended with their children for periodic medical inspection, together with the figures available for previous years, was as follows: —

					<i>Number</i>	<i>Total Percentage</i>	<i>Percentage in Infant Group</i>
1914	...	...	...	...	1,096	14.2	—
1924	...	...	...	...	1,464	24.8	—
1934	...	...	...	...	4,077	48.6	83.0
1945	...	...	...	...	2,122	55.0	80.1
1954	...	...	...	...	4,697	57.6	88.2
1962	...	...	...	...	3,738	50.1	85.5
1963	...	...	...	...	3,283	47.9	84.5
1964	...	...	...	...	3,427	51.1	80.9
1965	...	...	...	...	2,829	47.3	83.8
1966	...	...	...	...	3,087	48.2	83.2
1967	...	...	...	...	2,415	43.8	80.4
1968	...	...	...	...	2,362	56.5	88.3
1969	...	...	...	...	2,863	50.7	84.3

**List of Maintained, Non-Maintained Special Schools, and Independent Schools, in relation to pupils shown in Section B, Sub-Sections (I), (II), (III) and (IV) on pages 51 and 52**

### BLIND

Sheffield School for Blind Children, Sheffield.  
Chorley Wood College for the Blind, Rickmansworth.  
Birmingham R.I. for the Blind—Lickey Grange School, Bromsgrove.

### PARTIALLY SIGHTED

Exhall Grange School, Exhall.  
West of England School, Exeter.  
St. Vincent's School for the Blind and Partially Sighted, Liverpool.

### DEAF

Royal School for the Deaf, Derby.  
Ewing School for the Deaf, Nottingham.  
Mary Hare Grammar School for the Deaf, Newbury, Berkshire.

### PARTIAL HEARING

Royal School for the Deaf, Derby.  
Needwood School for the Partially Hearing, Burton-on-Trent, Staffordshire.  
St. John's Roman Catholic School for the Deaf, Boston Spa, Yorkshire.  
\*Heanor Partially Hearing Unit, (William Howitt Infant & Junior School),  
Heanor Derbyshire.



## PHYSICALLY HANDICAPPED

Thieves Wood School, Nr. Mansfield, Nottinghamshire.  
Irton Hall School, Cumberland.  
Talbot House School, Glossop, Derbyshire.  
Florence Treloar School, Holybourne, Nr. Alton, Hampshire.  
Palace School, Ely.  
Ingfield Manor School Billinghamurst.

## DELICATE

Ashe Hall School, Etwall, Nr. Derby.  
Eden Hall School, Bacton-on-Sea, Norfolk.  
Pilgrims School, Seaford, Sussex.  
St. Catherine's School, Ventnor, Isle-of-Wight.

## MALADJUSTED

Overseal Manor School, Burton-on-Trent, Staffordshire.  
Swalcliffe Park School, Oxfordshire.  
Caldecott Community School, Kent.  
Rudolf Steiner Camphill School, Aberdeen.  
Royal Eastern Counties Special Schools. Colchester.

## E.S.N.

St. Martin's School, Derby.  
St. Giles' School, Derby.  
Sheiling Curative Schools Ltd., Ringwood, Hampshire.  
Crowthorne School, Edgeworth, Lancashire.  
John Duncan School, Buxton, Derbyshire.  
Breadsall Brookside School, Derby.  
Brackenfield School, Long Eaton, Derbyshire.  
Delves School, Swanwick, Derbyshire.

\* Special Unit not forming part of a Special School.

PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS: INDEPENDENT SCHOOLS: IN SPECIAL CLASSES AND UNITS: UNDER SECTION 56 OF THE EDUCATION ACT 1944: AND BOARDED IN HOMES

As at 22nd January, 1970	Blind (1)		P.S. (2)		Deaf (3)		Pt. Hg. (4)		P.H. (5)		Del. (6)		Mal. (7)		E.S.N. (8)		Epil. (9)		Sp. Def. (10)		Total (11)	
	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls
How many children from the authority's area were awaiting places in special schools other than hospital special schools?	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(i) Waiting before 1st January 1969:		(a) day places		(b) boarding places																	
	(ii) Newly assessed since 1st January 1969:		(a) day places		(b) boarding places																	
	-	1	1	2	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	2	5
(1) Under 5 years of age	(i) Waiting before 1st January 1969:		(a) day places		(b) boarding places																	
	(a) whose parents had refused consent to their admission to a special school		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) Others		-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	36	11
	(ii) Newly assessed since 1st January 1969:		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
(2) Aged 5 years and over	(a) day places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) boarding places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(a) day places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) boarding places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(3) Total number of children awaiting admission to special Schools other than hospital special schools - total of (i) and (ii) above	(a) day places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) boarding places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(a) day places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) boarding places		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total		1	2	2	-	-	-	-	4	3	2	-	6	-	-	-	-	-	-	-	14	6



## EDUCATIONALLY SUBNORMAL

New decisions recorded under Section 57 of the Education Act, 1944	... ..	13
Interviews carried out under the provisions of Section 57A of the Education Act, 1944	... ..	—
Decisions cancelled under Section 57A (2) of the Education Act, 1944	... ..	—

### E.S.N. Day Special Schools

The following is a report by MR. W. J. LAKE, *Headmaster of St. Martin's School*:—

During this year, seventeen boys and ten girls were admitted, and twenty-four children were discharged.

Of the leavers, nine were successfully placed in employment, and four were able to return to ordinary schools. Three of the leavers were unable to find work, and are still unemployed six months later. Six children were transferred to St. Giles' School, and two to Aston Hall.

During this year, our new Home Economics Room came into use, having been completed and very generously equipped. Both boys and girls are making use of its facilities. A part-time teacher was appointed in September.

The final stage of our re-organisation will be completed when additional teaching space is available. It has been agreed that this space shall be provided.

This year the usual range of activities was extended by the holding of a number of very successful week-end camping trips into the Peak District. Thanks to the efforts of Mr. and Mrs. Dilkes and Mr. and Mrs. Leatherland, the children had a wonderful and exciting time.

Other activities included factory visits, day trips, and the usual sporting fixtures.

We had many visitors during the year, but the highlight in this respect was the official visit of the Mayor and Mayoress—Alderman and Mrs. Taylor—in October—the first such visit this century.

The following is a report by MISS K. S. JAYS, *Headmistress of St. Giles' School*:—

There were eighty-four on roll in January, rising to ninety-four in April, and with fluctuations, ending with ninety-four by December. Seventy of these were girls, and twenty-four boys. We are now keeping boys until their sixteenth birthday. Nineteen children were admitted during the year, two girls left to take up employment, two were deemed ineducable and transferred to Ivy House, one boy was sent to the Grange Psychiatric Unit, and a boy and a girl were transferred to Secondary Schools.

A class teacher was appointed in January to the Admission Class, but it was not until April that we got a teacher for Class 3. We had a man teaching part-time from January to June while the Woodwork Master was absent.

The new kitchen was in use from January, but the new Woodwork and T.V. rooms were not completed until May.

In January, medical inspections were undertaken by Dr. Noble.



Visitors during the year included His Worship the Mayor, accompanied by the Lady Mayoress and the Director of Education; P. C. Applegate, who spoke on road safety, students from the Bishop Lonsdale Training College and two health visitor students.

School functions took place as usual, viz: Sports Day, Harvest Festival (thirty parcels of goods were taken to old aged pensioners), the Christmas Concert and Children's Party ended the year; and some children took part in the Derby Schools' Carol Concert.

## **ASHE HALL SCHOOL FOR DELICATE PUPILS**

Report by MR. D. W. HART, *Headmaster*.

The present number on roll is fifty-nine. From January, 1969 to December, 1969 there were eighteen children admitted to the School, and fourteen discharged. Most of the children discharged returned to normal day schools.

Throughout the year many visits have been paid to numerous places, including Twycross Zoo, London, Dovedale, Nottingham and other places of interest. From the 19th to the 30th June, a party of ten children and two staff spent a pleasant time on the Scarborough Coast, using a Scarborough school as their base. Whilst in Yorkshire they visited Whitby, Staithes, Redcar, Filey and Flamingo Park Zoo.

In June, members of the Adelphic Club and their families visited the School. The children acted as guides and entertained their guests to a short concert of singing and recorder playing.

The local Guides, Brownies, Youth Clubs and Old Age Pensioners also visited us.

A voluntary Committee has been formed to raise money for a Learners' Swimming Pool which we hope eventually to have in the School. Various activities have been organised by the Committee, which have proved to be profitable and enjoyable.

The Derwent Aquarist Club have been kind enough over the year to organise a competition and supply us with tropical fish.

Much hard work was done by members of staff and children before Christmas, who gave three performances of the play "The Singing Dolphin".

Pony riding is proving as popular as ever. Children have taken part in horse riding events at the British Celanese Show and at the Willington Horse Show.

A group of children from the School have joined the Etwall Parish Church Choir.

## **FULL-TIME COURSE OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS**

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognized institutions elsewhere.



## TEACHING IN HOSPITALS

The following report has been received from Mrs. R. Booker, who is in the service of the Local Education Authority, and who undertakes the teaching of children of school age in the local hospitals.

During 1969, one hundred and forty-six children, normally educated in Derby Borough Education Committee Schools, have received tuition in Derby Hospitals.

In the Derbyshire Children's Hospital, only fourteen children were patient/pupils for upwards of a month, and most of the others received tuition for only ten days, or less.

With the brief-stay children, tuition has filled a short education gap, whilst with the longer-stay pupils, it was usually possible to follow the curriculum of the school normally attended. Mathematics, English and Reading were taught daily and individually. Thereafter, where time and conditions allowed, other subjects including History, Geography, Nature Study, Religious Education, French, Art and Handwork were studied individually or in small groups.

	Children's Hospital	Derwent Hospital
Number of Children ... ..	130	6
Average period of tuition ...	2 weeks	4 weeks
Average Age ... ..	9 years 1 month	9 years 5 months
Age range ... ..	5—14 years	5-15 years
Period range ... ..	1—10 weeks	1—8 weeks

Ten children have received full-time education in the Physically Handicapped Department of the Derbyshire Royal Infirmary.

## NURSERY SCHOOLS

The two Nursery Schools (Central and Allenton) continue to function successfully on the lines indicated in previous reports. The children are visited regularly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once a year per year and treatment inaugurated for any defects.

The number of children examined was: —

<i>School</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Central ... ..	74	32	106
Allenton ... ..	20	22	42
	—	—	—
Totals ... ..	94	54	148
	—	—	—

## EMPLOYMENT OF SCHOOL CHILDREN

During the year, 388 children were examined as to their fitness to undertake employment. With the exception of one, all were certified fit.

## THE WORK OF THE SCHOOL NURSES

Five nurses are engaged entirely on the work of the School Health Service.

Home visits	...	...	...	...	...	...	...	235
School visits	...	...	...	...	...	...	...	174

### Visits to Nursery Schools

Number of visits paid	...	...	...	...	...	...	...	259
-----------------------	-----	-----	-----	-----	-----	-----	-----	-----

### Clinics

Minor Ailments and Specialist Clinics	...	...	...	...	...	...	1,374
Audiometer tests	...	...	...	...	...	...	100

## VERMINOUS HEADS

Routine Inspections of all children for the ascertainment of uncleanness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in three such cases in 1969. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...	...	...	135
--	-----	-----	-----	-----	-----

Number of sessions devoted to School Inspections	...	...	...	...	555
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## CHILDREN'S COMMITTEE WORK

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service, and routine visits to the various Children's Homes are made monthly, and to the Remand Home once a week.

The following examinations were carried out during the year:—

Initial and routine examinations of Boarded-out children	...	...	...	...	...	...	105
Children for adoption	...	...	...	...	...	...	28
Examinations carried out at Children's Homes	...	...	...	...	...	...	107
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Home)	...	...	...	...	...	...	219
Other Examinations	...	...	...	...	...	...	311

## MISCELLANEOUS WORK

Medical examinations were also made as follows:—

Teachers	...	...	...	...	...	...	31
Before proceeding to Skegness Seaside Home	...	...	...	...	...	...	365
Before taking part in School Journeys, Athletics, etc.	...	...	...	...	...	...	186
Before proceeding to School Camps	...	...	...	...	...	...	63
Intending Teachers	...	...	...	...	...	...	232
Outward Bound Courses	...	...	...	...	...	...	8
Other Examinations	...	...	...	...	...	...	5

# MASS RADIOGRAPHY OF SCHOOL CHILDREN

Report by Dr. W. Guthrie, Director of Nottingham Area No. 2 Mass Radiography Unit on the Mass Riography Survey of School Children in 1969:—

“I give below the figures for the survey carried out by this Unit on the school leavers at Derby.”

<i>Number X-rayed</i>			<i>Number Available</i>			<i>Percentage X-rayed</i>			<i>X-rayed first time</i>	
<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>No.</i>	<i>%</i>
816	856	1672	1424	1345	2769	57%	63%	60%	1571	94%

REFERRALS TO SPECIALIST CLINICS

Year of Birth	Number of Children Examined	SKIN				VISION				SQUINT			
		No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.
1965 and later	206	5	1	—	4	—	—	—	—	5	—	1	4
1964	856	7	3	—	4	25	19	—	6	17	7	1	9
1963	1,396	9	2	—	7	36	24	1	11	32	2	2	28
1962	451	9	3	—	6	20	11	—	9	15	2	—	13
1961	207	6	2	—	4	13	6	—	7	7	1	—	6
1960	122	3	1	—	2	7	4	2	1	3	—	—	3
1959	95	—	—	—	—	7	—	3	4	1	—	—	1
1958	85	5	3	—	2	7	4	—	3	3	—	—	3
1957	101	1	—	—	1	11	—	—	11	1	—	—	1
1956	171	5	1	—	4	23	5	3	15	6	3	—	3
1955	536	10	6	—	4	68	13	8	47	6	—	—	6
1954 and earlier	1,424	16	6	1	9	317	73	37	207	20	3	3	14
TOTAL	5,650	76	28	1	47	534	159	54	321	116	18	7	91



## APPENDIX A

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1970 ... .. 36,795

### PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	206	205	1	—	—	18	17
1964 .. ..	856	854	2	—	25	57	78
1963 .. ..	1,396	1,396	—	—	39	81	117
1962 .. ..	451	451	—	—	21	40	55
1961 .. ..	207	206	1	—	13	22	28
1960 .. ..	122	122	—	—	7	10	15
1959 .. ..	95	95	—	—	8	8	16
1958 .. ..	85	85	—	—	7	8	14
1957 .. ..	101	101	—	—	13	15	24
1956 .. ..	171	171	—	—	18	12	28
1955 .. ..	536	535	1	—	68	28	90
1954 and earlier	1,424	1,423	1	—	315	91	384
TOTAL ..	5,650	5,644	6	—	534	390	866

Column (3) total as a percentage of Column (2) total ... .. 99.89%

Column (4) total as a percentage of Column (2) total ... .. .11%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections ... ..	861
Number of Re-inspections ... ..	4,130
Total ... ..	4,991

TABLE C—INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... .. 106,783
- (b) Total number of individual pupils found to be infested ... .. 330
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... .. 135
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... .. 135

# PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)	(3)	PERIODIC INSPECTIONS				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin... ..	T O	7 17	10 5	59 146	76 168	2,007 298
5	Eyes—						
	a. Vision ..	T O	25 83	68 18	441 221	534 322	737 649
	b. Squint ..	T O	17 5	6 5	93 25	116 35	174 108
	c. Other... ..	T O	— 2	— —	6 16	6 18	148 26
6	Ears—						
	a. Hearing ..	T O	2 87	2 13	26 206	30 306	78 314
	b. Otitis Media	T O	— 8	— 3	5 41	5 52	4 41
	c. Other... ..	T O	— 1	— —	— 3	— 4	46 25
7	Nose and Throat ..	T O	1 42	1 10	22 213	24 265	63 488
8	Speech .. ..	T O	6 38	— 3	23 178	29 219	136 210
9	Lymphatic Glands	T O	1 10	— 1	1 79	2 90	7 175
10	Heart .. ..	T O	— 14	— 6	3 40	3 60	2 103
11	Lungs .. ..	T O	— 10	1 3	9 128	10 141	7 216
12	Developmental—						
	a. Hernia ..	T O	— 6	— —	3 29	3 35	1 22
	b. Other... ..	T O	1 12	1 4	4 61	6 77	10 54
13	Orthopaedic—						
	a. Posture ..	T O	2 1	— 3	7 17	9 21	1 16
	b. Feet .. ..	T O	9 15	1 5	29 66	39 86	41 140
	c. Other... ..	T O	1 16	1 9	37 136	39 161	137 309

Defect Code No. (1)	Defect or Disease (2)	(3)	PERIODIC INSPECTIONS				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
14	Nervous System— a. Epilepsy ..	T O	— 3	1 4	2 20	3 27	5 34
	b. Other.. ..	T O	— 5	— —	1 20	1 25	— 20
15	Psychological— a. Development	T O	— 9	— 19	3 184	3 212	6 49
	b. Stability ..	T O	— 6	— 5	2 48	2 59	10 109
16	Abdomen .. ..	T O	— 3	— 2	1 12	1 17	— 33
17	Other .. .	T O	2 34	2 18	21 183	25 235	676 476

“T” Required Treatment

“O” Requires Observation

### PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	141
Errors of refraction (including squint) ... ..	392
Total ... ..	533
Number of pupils for whom spectacles were prescribed ...	376

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	—
(b) for adenoids and chronic tonsillitis ...	32
(c) for other nose and throat conditions ...	4
Received other forms of treatment ... ..	58
Total ... ..	94
Total number of pupils still on the register of schools at 31st December, 1969 known to have been provided with hearing aids:—	
(a) during the calendar year 1969 ... ..	4
(b) in previous years ... ..	39

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	109
(b) Pupils treated at school for postural defects ... ..	7
Total ... ..	116

TABLE D—DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table C of Part I).

	Number of pupils known to have been treated
Ringworm—(a) Scalp ... ..	1
(b) body ... ..	3
Scabies ... ..	44
Impetigo ... ..	55
Other skin diseases ... ..	1,818
Total ... ..	1,921

TABLE E—CHILD GUIDANCE CLINIC

	Number known to have been treated
Pupils treated at Child Guidance Clinics ... ..	318

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ... ..	148

TABLE G—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments ... ..	678
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	246
(c) Pupils who received B.C.G. vaccination ... ..	2,073
(d) Other than (a), (b) and (c) above ... ..	—
Total (a)—(d) ... ..	2,997



# V—PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

REPORT BY DR. G. W. R. MACGREGOR, SENIOR MEDICAL OFFICER.

## General Review

This section is responsible for two main aspects of preventive medicine, namely the routine protective measures of immunisation and vaccination carried out in accordance with the recommended schedule of the Department of Health and Social Security, and secondly, the investigation of all incidents of infectious or other communicable diseases, and the institution of all necessary measures to prevent the spread of these diseases throughout the community.

Again it is interesting to note that no cases of the major infectious diseases, i.e. smallpox, diphtheria and poliomyelitis, occurred within the Borough during the past year. Since the beginning of an intensive programme of immunisation in the early 40's, the incidence of these common and disabling infectious diseases, especially among the child population of this country, has now reached almost negligible proportions.

Immunisation is carried out in Derby according to a planned programme throughout the year, the emphasis being on the achievement of full immunity in the infant child. To this end, sessions are held regularly at thirteen Child Health Clinics situated in all districts of the Borough, and thereafter booster doses are given at school entry and at school-leaving age. In addition to the work done at clinics and in school, a large number of children receive protection from their own family doctors. Parents are given a free choice in this matter, and their preferences, whether for immunisation at Clinics or by their own doctors, are always respected.

The acceptance rates for vaccination and immunisation, as shown in the statistics compiled by the Chief Statistician of the Department of Health, are in all cases well above the national average. The figures given show a percentage for Derby residents of 95 per cent for diphtheria and whooping cough, 90 per cent for poliomyelitis and 60 per cent of children under two years of age vaccinated against smallpox.

These very satisfactory results have not been achieved and maintained without much hard work and organisation on the part of many devoted people in the Public Health Service, who by personal contact and persuasion are able to get the important message across, especially to the parents of infants and young children.

## Measles Vaccination

The programme of vaccination against measles was severely curtailed during 1969, due to the precautionary withdrawal of one type of vaccine following a number of severe reactions. During the year, despite the large number of vaccinations that had already been carried out, the incidence of measles in Derby reached large proportions, and a total of 1,933 cases was notified.

It is perhaps worthy of note that vaccination, following the withdrawal of the one vaccine, was restricted on the recommendation of the Department of Health and Social Security, to children in the 4-year to 7-year age group, but the majority of cases of measles in Derby during this period occurred amongst children *below* this age. In all, 912 cases affected children aged 3 years or less. These figures appear to indicate that there was a strong case for first priority for vaccination being given to 1-year old children at Child Health Centres.

Supplies of measles vaccine are now adequate, and a full-scale programme of vaccination has been re-commenced during the early months of 1970.

## **Prevalence of certain specific infectious diseases, and measures taken to prevent further spread**

During the year a small number of incidents of infectious diseases occurred within the Borough, but in every case prompt action taken by contact tracing, treatment, and exclusion of all active cases of infection thus discovered, brought the incidents to a speedy conclusion.

### **Dysentery and Gastro-enteritis**

Cases of proved dysentery and gastro-enteritis occurred sporadically throughout the Borough during the year. The total number of dysentery cases notified during 1969 was 174, but it is possible that the actual number of cases occurring was considerably in excess of this figure. Many of these cases would have been successfully treated with the modern wide-spectrum range of antibiotics before bacteriological evidence was obtained of the real nature of the infection. The majority of cases discovered occurred as outbreaks in various institutions, where screening of a whole group of contacts of suspected cases was possible.

Three small outbreaks of this nature occurred during the year, the first at a residential school, the second at a Corporation day nursery, and the third at a private day nursery.

#### **Dysentery at a residential school**

This was an unusual outbreak insofar as all six cases notified were of the comparatively rare Flexner Dysentery. The school is housed in a very old building, which renders difficult the maintenance of good standards of hygiene. Some of the cases resided outside Derby; in these instances the Local Authorities concerned were advised of the occurrence, to enable them to take what action they considered necessary to trace and test contacts. Three children were admitted to the Derwent Hospital for treatment. All were discharged as cured on 16th April, and there has been no subsequent recurrence of the outbreak.

#### **Dysentery at a Corporation day nursery**

An outbreak of Sonne Dysentery occurred in May, 1969, at one of the Corporation's day nurseries, involving a total of 45 children and 4 members of the nursery staff. Further cases were diagnosed amongst families of the children affected. The final case in this outbreak was detected in mid-June, 1969, but clearance of all cases was not completed until the beginning of September, 1969. The source of the outbreak was traced to a staff member who was found to be a symptomless carrier of the organism, and who had not been through the usual screening procedure for new employees at the nursery.

#### **Dysentery at a private day nursery**

This outbreak involved a total of 18 children and one staff member, and commenced on 9th December, 1969. The outbreak had not been cleared by the end of 1969, and investigations are still proceeding at the time of writing this Report. It would seem desirable that the same screening procedure for new entrants to nurseries, to eliminate carriers of infection, which is in operation at the Corporation day nurseries, should also be applied to all private day nurseries.



Paratyphoid fever

There were two cases of paratyphoid "B" fever, both isolated incidents.

The first was notified on 6th September. The patient had recently returned from a Mediterranean cruise, and was one of a number of cases notified in various parts of the country, all of whom had been on the same ship. This patient was admitted to the Derwent Hospital and treated with a full course of antibiotics, and was discharged as cured on 24th October.

A second case was admitted to hospital on 27th December, 1969, but the origin of his infection is unknown, as he had not been out of the country since April. It is assumed that he had acquired an earlier infection whilst abroad, and had become a symptomless carrier, whose infection subsequently became active. He had not been cleared by the end of the year.

It seems possible that minor outbreaks and individual cases of this nature may become increasingly frequent in the future, owing to a larger number of holidaymakers who now visit overseas countries, or take cruises in Mediterranean and sub-tropical waters. The extent and ease of travel for business and commercial reasons is also likely to add to the risk of the spread of infection, thus demanding an ever-increasing vigilance on the part of Local Authorities.

Vaccination against smallpox 1969

Age at Date of Vaccination		Under 1 year		1 year		2-4 years		5-14 years		15 years or over		Total	
		Depts	GPs	Depts	GPs	Depts	GPs	Depts	GPs	Depts	GPs	Depts	GPs
PRIMARY VACCINATIONS													
Number Vaccinated ..		5	43	1120	566	202	285	4	81	-	13	1331	988
Cases Specially Reported	(a) Generalised Vaccinia	-	-	1	-	-	-	-	-	-	-	1	-
	(b) Post-vaccinal Encephalo-Myelitis	-	-	-	-	-	-	-	-	-	-	-	-
	(c) Death from compli- cations other than (a) and (b) ..	-	-	-	-	-	-	-	-	-	-	-	-
RE-VACCINATIONS .. ..		-	-	-	4	15	13	479	201	510	13	1004	231
Number Vaccinated ..													
Cases Specially Reported	(a) Generalised Vaccinia	-	-	-	-	-	-	-	-	-	-	-	-
	(b) Post-vaccinal Encephalo-Myelitis	-	-	-	-	-	-	-	-	-	-	-	-
	(c) Death from compli- cations other than (a) and (b) ..	-	-	-	-	-	-	-	-	-	-	-	-

The number of children under five years vaccinated against smallpox during the year was 2,221 as compared with 1,771 in 1968.

Diphtheria

1,603 children under four years of age and 356 children between four and sixteen years of age were completely immunised against diphtheria. In addition, a further 1,930 were given reinforcing injections.

# Whooping Cough

1,589 children under four years of age and 43 children between four and sixteen years of age were completely immunised against whooping cough. In addition 387 received reinforcing injections.

# Tetanus

1,603 children under four years and 428 children between four and sixteen years of age were completely immunised against tetanus, and 3,127 children were given reinforcing injections.

# Immunisation by General Practitioners

1,116 children under four and 71 children between four and sixteen were completely immunised against diphtheria, and 2,061 children received reinforcing injections.

1,104 children under four and 38 children between four and sixteen were completely immunised against whooping cough. 1,045 children received reinforcing injections.

1,115 children under four and 93 children between four and sixteen were completely immunised against tetanus. 2,145 children received reinforcing injections.

Diphtheria Immunisation Table

	YEAR OF BIRTH					Others under age 16	Total
	1969	1968	1967	1966	1962/65		
Number of children who completed a full course of primary immunisation in 1969 ..	256	2,117	287	59	236	191	3,146
Number of children who received a secondary (reinforcing) injection in 1969 .. ..	—	139	755	154	2,736	207	3,991
Total number of immunisations given .. .. .	256	2,256	1,042	213	2,972	398	7,137

# B.C.G. Vaccination against Tuberculosis

During 1969, visits were paid to all the Secondary and Grammar schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	No. given Heaf Test	Tuberculin Positive	Tuberculin Negative	Vaccinated with B.C.G.
School Children	2,444	161	2,123	2,097
“Contact” Scheme	269	12	257	257

(Plus 44 babies vaccinated in maternity hospitals).



Vaccination against Measles

Age at date of vaccination	Year of Birth					Others under	Total
	1969	1968	1967	1966	1962/65	16	
Number Vaccinated ... ..	—	191	560	412	625	41	1,829

Vaccination against Poliomyelitis

						SALK VACCINE	ORAL VACCINE
(A) VACCINATIONS CARRIED OUT BY DEPARTMENT							
Children born in years 1962—1969 completely vaccinated						...	1,795
Others Under 16 years completely vaccinated						...	113
Persons Over 16 years completely vaccinated						...	2
Reinforcing doses given to persons over 16 years						...	177
Reinforcing doses given to children under 16 years						...	3,003
							5,090
(B) VACCINATIONS CARRIED OUT BY PRIVATE PRACTITIONERS							
Children born in years 1962—1969 completely vaccinated						...	1,277
Others Under 16 years completely vaccinated						...	32
Persons Over 16 years completely vaccinated						...	56
Reinforcing doses given to persons over 16 years						...	218
Reinforcing doses given to children under 16 years						...	1,502
							3,085

Cases of Infectious Disease Notified during 1969

Notifiable Disease	At all ages	At Ages—Years												Total cases removed to Isolation Hospital
		Under 1	1—	2—	3—	4—	5— 9	10— 14	15— 24	25— 44	45— 64	65 +	Unknown	
Acute Encephalitis-Infective .. ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Acute Encephalitis (Post Infectious) .. ..	2	—	—	1	—	—	1	—	—	—	—	—	—	—
Acute Meningitis .. ..	5	—	—	2	1	—	—	2	—	—	—	—	—	—
Acute Poliomyelitis-Paralytic .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (non-Paralytic) .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery (Amoebic or Bacillary) .. ..	174	11	16	27	13	19	32	5	12	18	1	—	20	11
Food Poisoning .. ..	18	1	—	—	—	1	—	1	3	4	5	3	—	1
Infective Jaundice .. ..	75	—	—	—	—	3	23	13	14	15	6	1	—	—
Leprosy .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles .. ..	1933	75	256	285	297	309	656	20	20	4	—	—	11	9
Ophthalmia Neonatorum .. ..	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid Fever .. ..	2	—	—	—	—	—	—	—	—	2	—	—	—	2
Plague .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing Fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .. ..	84	—	4	4	12	12	37	6	5	1	1	—	2	—
Smallpox .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough .. ..	10	3	1	1	1	1	3	—	—	—	—	—	—	—
Yellow Fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis-Respiratory .. ..	54	—	—	—	—	—	—	—	8	18	20	8	—	65
Tuberculosis-Meninges or C.N.S. .. ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Tuberculosis-Other Forms .. ..	19	—	—	—	—	—	—	1	2	14	2	—	—	1
TOTALS .. ..	2380	92	277	320	324	345	752	48	64	78	35	12	33	89

Cancer

The recorded deaths from various types of malignant disease shows an increase in number as compared with 1968 from 445 to 499.

The Table shows the deaths by age distribution :

Age	Under 25 years		25-34 years		35-44 years		45-54 years		55-64 years		65-74 years		75 years and upwards		All ages		
Site	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total
Stomach ..	-	-	-	-	-	1	9	4	10	3	14	4	9	19	42	31	73
Lungs and Bronchus ..	-	-	-	-	1	-	16	4	28	8	50	10	10	7	105	29	134
Breast ..	-	1	-	3	-	1	-	5	-	11	-	10	1	11	1	42	43
Uterus ..	-	-	-	-	-	1	-	-	-	5	-	3	-	8	-	17	17
Leukaemia ..	2	4	-	-	2	-	-	-	1	1	3	3	-	2	8	10	18
All Others ..	4	2	1	3	2	4	6	18	23	11	37	34	32	37	105	109	214
TOTALS ..	6	7	1	6	5	7	31	31	62	39	104	64	52	84	261	238	499

DERWENT HOSPITAL

Detailed Analysis of Admissions and Discharges during 1969  
(Borough only)

Disease			Remaining 31/12/68	Admitted	Discharged	Died	Remaining 31/12/69
Dysentery ..	..	..	-	11	11	-	-
Mumps ..	..	..	-	2	2	-	-
Gastro-Enteritis ..	..	..	-	9	8	-	1
Measles ..	..	..	-	10	10	-	-
Glandular Fever ..	..	..	-	1	1	-	-
Salmonella Infection ..	..	..	-	1	1	-	-
Puerperal Pyrexia ..	..	..	-	1	1	-	-
Paratyphoid 'B' ..	..	..	-	2	1	-	1
Various ..	..	..	-	2	2	-	-
TOTAL ALL DISEASES ..	..	..	-	39	37	-	2

VENEREAL DISEASES

I am indebted to Dr. W. H. Donald, Consultant Venereologist, Derbyshire Royal Infirmary, for the following report.

Treatment and control of Venereal Disease became a Public Health responsibility in 1917 following the V.D. Regulations and Acts of 1916 and 1917. The treatment responsibility was transferred to the N.H.S. Hospital Service in 1948, but responsibility for publicity about Venereal Disease and assistance with contact tracing has remained with the Medical Officer of Health.

There has been a V.D. Clinic in Derby since the end of 1917, first at Walker Lane, and then moved to accommodation in the Out-patient Department of the Derbyshire Royal Infirmary in 1927. The clinic will again move to new premises when the new Out-Patient Block is built at the Derbyshire Royal Infirmary.



There has been a change in the pattern of sexually transmitted disease over the past 50 years. In 1919 about 30 per cent of patients attending the clinic suffered from Syphilis and 50 per cent from Gonorrhoea. Nowadays only about 25 per cent of the patients suffer from statutory Venereal Disease (i.e. Syphilis, Gonorrhoea, Chancroid), and about 50 per cent from other sexually transmitted conditions; the remainder have no disease requiring treatment, merely require re-assurance that they do not have Venereal Disease. The most remarkable change has been the great increase in the number of female patients attending for both venereal and sexually transmitted conditions. Consequently the greater part of the work of the clinic is concerned with the treatment of sexually transmitted conditions other than statutory Venereal Disease.

Over the past decade the number of females attending for treatment of sexually transmitted conditions other than Gonorrhoea has increased by 400 per cent and the ratio of male to female patients has changed from 3:1 50 years ago to 3:2 now. Male patients with other conditions have increased by 200 per cent mainly due to the increase in Non-Gonococcal Urethritis. This condition, which is sexually transmitted, has come into prominence in the past 20 years and its incidence has trebled since first recorded statistically in 1951. The total national incidence now exceeds the incidence of Gonorrhoea in men.

To deal with this increase in the number of patients, particularly the increase in the number of female patients who take much longer to deal with than male patients, which imposes a considerable work load on the clinic as the medical and nursing staffing has been approximately the same for the past ten years, it has been necessary to make nearly all clinics combined sessions at which both male and female patients can attend, though separated from each other in the clinic premises.

The total number of patients attending the clinic each year has, for the past three years exceeded the previous peak year of 1946. The numbers declined rapidly from 1946 to 1954, then commenced to rise again steadily and have now reached the highest level in the history of the clinic. Increasing promiscuity has been the determining factor in this increase, contributed to by (a) Increasing population, (b) rejection of traditional moral principles and codes, especially by young people, (c) modern contraceptive methods, i.e. gestogen pill and Intra-uterine devices, have eliminated the risk of pregnancy, (d) Immigration, and increased mobility of the population, (e) ignorance about the risk of infection and possible consequences of failure to receive treatment.

There has been a marked drop in the incidence of early infectious Syphilis since 1946 and only very few cases are seen in Derbyshire now. In nearly every case the infection has been contracted outside Derbyshire.

The incidence of Gonorrhoea in females has trebled since 1960, and in 1969 the incidence in Derbyshire rose by 40 per cent mainly in North Derbyshire at the Chesterfield Clinic, the increase in Derby was only slight though the increase was 30 per cent in all female patients attending this clinic. Total Gonorrhoea in males in Derbyshire rose slightly, again mainly in North Derbyshire. There was a drop of 20 per cent in the number of patients attending from Derby Borough. This drop in the incidence in Derby Borough is in marked contrast to surrounding areas i.e. Nottingham, Leicester, and Chesterfield where there has been a marked increase in the incidence of 30—40 per cent. There does not appear to be any single factor which could account for this drop in incidence in Derby Borough in 1969. It may be that better results with contact tracing and bringing more females under treatment, especially the more promiscuous ones, has reduced the risk of infection of men; or possibly more patients are being treated by their own doctor and not referred to the clinic.



Two cases of Gonococcal Ophthalmia Neonatorum were seen in 1969 and three cases of Gonococcal Salpingitis. Gonococcal Salpingitis appears to be on the increase throughout the country due to the increasing number of young females infected with Gonorrhoea who are unaware of their infection. About 30 per cent of female patients with Gonorrhoea have no symptoms. In 1969 about 25 per cent of female patients with Gonorrhoea were under 20 and about 60 per cent of female patients with Gonorrhoea attended only because they were referred by a male consort who had been treated.

### Statistics for 1969

Patients residing within the boundary of Derby County Borough.

	Total	Syphilis	Gonorrhoea	Other
Total Patients all areas ...	1,548 (1,603)	20 (24)	228 (219)	1,299 (1,358)
Derby Borough ...	1,022 (1,046)	14 (16)	160 (181)	848 (847)

Figures in brackets denote corresponding figures 1968.

#### Syphilis

	Male	Female
Early infectious ...	1	—
Late and Latent ...	7	6

#### Gonorrhoea

	Male	Female
Post pubertal cases ...	99	59
Gonococcal Ophthalmia ...	2	—
Total ...	160	

#### Age Groups

	Male	Female
Under 20 years ...	10	14
Over 20 years ...	89	45

#### Country of Origin

	Male	Female
United Kingdom ...	56	45
West Indies ...	22	10
Asia ...	6	1
Other ...	15	3

#### Other Conditions

	Male	Female	Total
Requiring treatment ...	410	165	575
Not requiring treatment ...	146	127	273

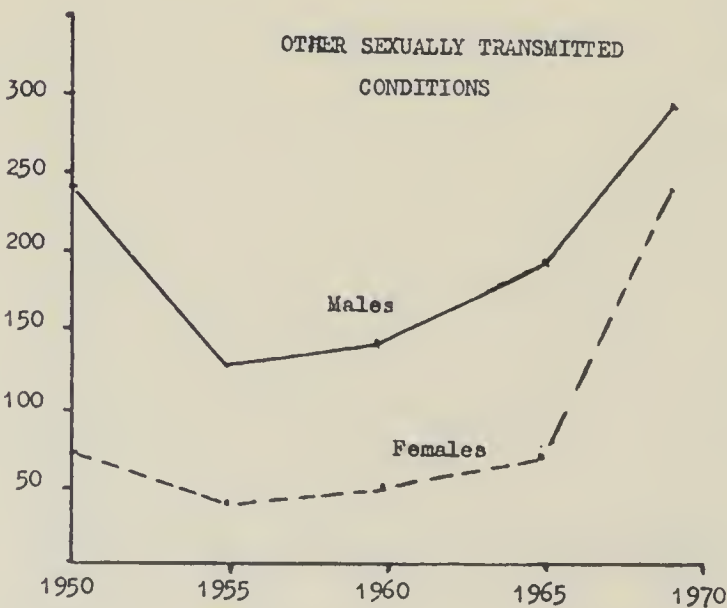
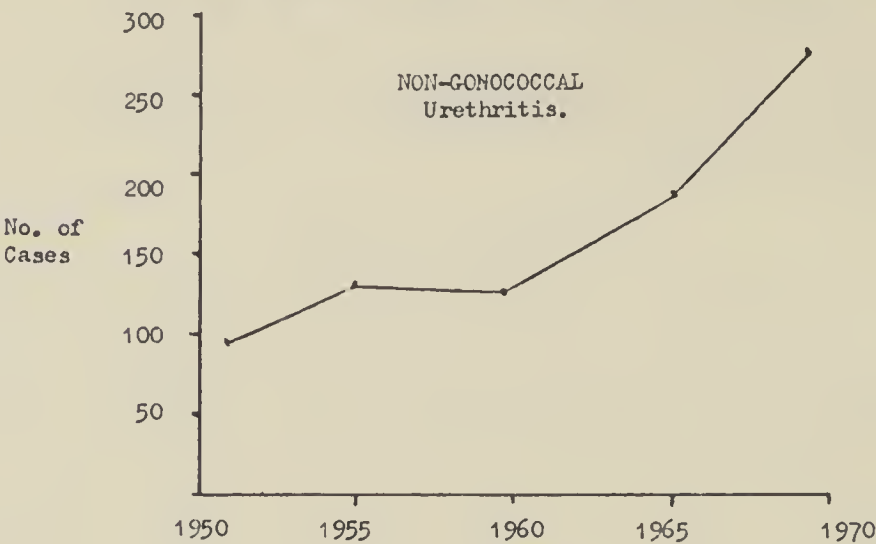
#### Other conditions treated

	Male	Female	Total
Non-Gonococcal Urethritis ...	191	—	191
Balanitis ...	70	—	70
Genital Warts ...	37	12	49
Herpes Genitalis ...	18	5	23
Pediculosis Pubis ...	25	7	32
Scabies ...	13	11	24
Other misce'laneous ...	56	16	72
Trichomonal vaginitis ...	—	54	54
Vaginal Candidosis ...	—	60	60

Cervical Cytology. Smears taken from 63 patients. One positive.

SPECIAL TREATMENT CENTRE, DERBYSHIRE ROYAL INFIRMARY

Trends of various diseases over past 20 years



## VI—TUBERCULOSIS

REPORT BY DR. H. L. MATTHEWS, CONSULTANT PHYSICIAN

### Incidence

54 new cases of respiratory tuberculosis were notified in Derby during 1969, 18 less than in the previous year. Included in this total were 14 Indian and Pakistani immigrants, 5 referrals to the Chest Clinic from Nottingham Mobile Mass Radiography Unit, and 1 contact of a known case of tuberculosis who was discovered by routine examination at the Chest Clinic.

The number of new cases of non-respiratory tuberculosis notified in 1969 was 20, which was 5 more than the 1968 total.

### Mortality

The number of deaths from respiratory tuberculosis was 3, 2 being in the age group 55-64 years, and 1 in the age group 75 years and over.

There were 2 deaths from non-respiratory tuberculosis, 1 being in the age group 45-54 years, and 1 in the age group 65-74 years.

### Prevention

The first visit to homes of newly notified cases of tuberculosis is made by a health visitor from the Chest Clinic as soon as possible after notification and the patient is advised re precautions which must be taken to avert the spread of infection. The health visitor also arranges for contacts to attend a special contacts session of the Chest Clinic, and she urges the acceptance of B.C.G. vaccination for younger members of the infected household and others in close contact. An explanatory leaflet regarding B.C.G. vaccination is also left at the house.. Subsequent routine visiting of the family is made by the same health visitor to ensure that medical advice is being followed and proper precautions taken.

Contacts are asked to attend the Chest Clinic for examination by appointment, and the following is a summary of such work done during the past six years:—

<i>Year</i>	<i>No. of New Cases of Tuberculosis notified</i>	<i>No. of New Contacts examined</i>	<i>Total Contact Attendances</i>	<i>No. of Contacts found to be tuberculous</i>
1964	66	460	1,014	5
1965	78	487	1,073	2
1966	72	616	1,028	3
1967	66	596	1,047	2
1968	87	570	928	1
1969	74	269	644	1

### B.C.G. Vaccination

Contacts vaccinated at Derby Chest Clinic during 1969 under

Local Health Authority's approved Scheme	...	...	...	257
New born infants vaccinated in Maternity hospitals	...	...	...	44
Total	...	...	...	301

(Note.—Of the 269 new contacts examined during 1969, 51 were children).

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and this is continued for varying periods, according to circumstances, after the last exposure to infection. In certain cases, Chest Clinic supervision has been prolonged for one to two years after contact has ceased. The same rule is observed in households where death from tuberculosis has occurred without prior notification of the disease.

## Rehabilitation

Suitable employment and conditions for tuberculosis patients returning to work are very carefully selected, and in this connection, the chest service is indebted to the medical officers of the larger industrial undertakings in Derby for the interest they have shown and the assistance they have given. All patients who have recently returned to work are, of course, kept under close supervision at the Chest Clinic.

## Care and After Care

The excellent co-ordination which has been established in Derby between the Chest Clinic and the Medical Officer of Health's Department was fully maintained during 1969, and co-operation between those concerned with the care and after-care of tuberculous patients has been notably successful. Details of assistance given to patients under this head appear in the Socio-Medical section of this Report.

## Health Visiting

During the year, visits were made to 299 patients' homes by the two tuberculosis health visitors.

## Register of Notifications

	<i>Respiratory</i>			<i>Non-Respiratory</i>			<i>Total Cases</i>
	<i>Males</i>	<i>Fe- males</i>	<i>Total</i>	<i>Males</i>	<i>Fe- males</i>	<i>Total</i>	
Number of cases of Tuberculosis remaining at 31/12/69 on the Register of Notifications kept by the Medical Officer of Health .. ..	328	198	526	118	131	249	775
Number of cases removed from the Register during the year by reason of:-							
1. Withdrawal of notification ..	—	—	—	—	—	—	—
2. Recovery from the disease ..	—	—	—	—	—	—	—
3. Death (all causes) .. ..	19	5	24	2	—	2	26
4. Otherwise .. ..	—	—	—	—	—	—	—



Tuberculosis Notifications and Deaths, 1969

AGE AND SEX INCIDENCE

Age Periods	New Cases*				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory inc. late effects	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	—	—	—	—	—	—	—	—
1 year .. ..	—	—	—	—	—	—	—	—
2- 4 years .. ..	—	—	—	—	—	—	—	—
5- 9 years .. ..	—	—	—	—	—	—	—	—
10-14 years .. ..	—	—	1	—	—	—	—	—
15-19 years .. ..	1	—	1	—	—	—	—	—
20-24 years .. ..	5	3	3	1	—	—	—	—
25-34 years .. ..	5	3	4	5	—	—	—	—
35-44 years .. ..	4	4	3	—	—	—	—	—
45-54 years .. ..	8	3	—	—	—	—	1	—
55-64 years .. ..	9	2	1	1	2	—	—	—
65-74 years .. ..	5	—	—	—	—	—	—	1
75 and over .. ..	2	—	—	—	1	—	—	—
TOTALS .. ..	39	15	13	7	3	—	1	1

\* New Cases—Cases transferred to Derby during 1969 from other areas are not included.

New Cases and Deaths

Comparative Table for Years 1962—1969

Year	Respiratory Tuberculosis		Non-respiratory Tuberculosis	
	*New Cases	Deaths	*New Cases	Deaths
1962	57	11	6	—
1963	56	4	14	—
1964	56	6	10	—
1965	62	8	16	2
1966	56	5	16	2
1967	51	3	15	3
1968	72	3	15	3
1969	54	3	20	2

\* Transfers from other areas (excluding Reg. Genl. Transferable Deaths) not included.

# Public Health (Tuberculosis) Regulations, 1952

## PART I

Summary of notification of tuberculosis during the period from the 1st January, 1969, to the 31st December 1969, in the County Borough of Derby.

### FORMAL NOTIFICATIONS

#### Number of Primary Notifications of New Cases of Tuberculosis

<i>Age Groups</i>	<i>Respiratory</i>		<i>Meninges or C.N.S.</i>		<i>Others</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
Under 1 .. ..	—	—	—	—	—	—
1— .. ..	—	—	—	—	—	—
2— 4 .. ..	—	—	—	—	—	—
5— 9 .. ..	—	—	—	—	—	—
10—14 .. ..	—	—	—	—	1	—
15—19 .. ..	1	—	—	—	1	—
20—24 .. ..	5	3	—	1	3	—
25—34 .. ..	5	3	—	—	4	5
35—44 .. ..	4	4	—	—	3	—
45—54 .. ..	8	3	—	—	—	—
55—64 .. ..	9	2	—	—	1	1
65—74 .. ..	5	—	—	—	—	—
75 and over ..	2	—	—	—	—	—
TOTAL (all ages) ..	39	15	—	1	13	6

### MASS RADIOGRAPHY IN DERBY

I am indebted to Dr. Guthrie, the Medical Director of Nottingham Area No. 2 Mass Radiography Unit for sending the following report on the Unit's public sessions held in Derby during the period 1st July to the 8th August, 1969.

The response on this occasion was quite satisfactory, being slightly more than in 1968, i.e. 7,399 examinees were X-rayed as compared with 7,265 in 1968. The response from the school leavers was also a little better, being 60% as compared with 54% previously. Doctors' referrals were 44 as compared with 50 last year, and as 3 of the examinees in this group had chest lesions requiring further investigation it shows the value of X-raying this group.

Two cases of active pulmonary tuberculosis were discovered—the same as last year—and it will be seen from the enclosed tables that on every visit by the Unit to Derby, two or more cases of active disease have been discovered.

Two examinees did not return for large film as requested. One was a case of query dust disease and the other a query heart condition and no further action has been taken regarding them.

Public Session

Miniature Films	Number X-rayed			Number available			% X-rayed			X-rayed first time	
	M.	F.	TOTAL	M.	F.	TOTAL	M.	F.	TOTAL	No.	%
School Leavers ..	816	856	1,672	1,424	1,345	2,769	57%	63%	60%	1,571	94%
General Public ..	2,605	3,043	5,648							1,686	29%
Doctor's Referrals ..	19	25	44							12	27%
Wayfarers	35	—	35							20	57%
TOTAL ..	3,475	3,924	7,399							3,289	44%

Large Films			Satisfactory	Clinical Examinations	Did not Large Film	come for Examination
School Leavers ..	M.		4	1	—	—
	F.		7	—	—	—
General ..	M.		17	8	2	—
	F.		19	6	—	—
Doctors Referrals ..	M.		3	1	—	—
	F.		1	2	—	—
Wayfarers ..	M.		—	1	—	—

Clinical Examinations

Active pulmonary tuberculosis ...	...	...	...	2	—
Inactive pulmonary tuberculosis	...	...	...	4	
				(1 scholar, 1 wayfarer, 2 general public)	—
Bronchial Carcinoma	...	...	...	2	1
					(2 doctors referrals)
Sarcoidosis	...	...	...	—	1
Pneumonitis	...	...	...	—	1
Pulmonary Fibrosis	...	...	...	2	1
Essential Hypertension	...	...	...	—	2
Hypotension	.....	...	...	—	1
Pott's Disease (inactive	...	...	...	1	—
Fat Deposit	...	...	...	—	1
Total	...	...	...	11	8

Cases of Pulmonary Tuberculosis		After full investigation for the years																
		1969	'68	'67	'66	'65	'64	'63	'62	'61	'60	'59	'58	'57	'56	'55	'54	'53
Active P.T.	No.	2	2	3	4	2	4	4	5	5	3	3	6	6	7	7	10	9
	%	·03	·03	·04	·06	·03	·05	·05	·08	·08	·03	·04	·07	·04	·07	·06	·09	·11

## VII—MENTAL HEALTH

REPORT BY MR. F. F. WRIGHT, PRINCIPAL MENTAL WELFARE OFFICER.

### Administration

(a) Most of the functions of the Local Authority and the Local Health Authority under the Mental Health Act, 1959 and Section 12 of the Health Services and Public Health Act, 1968 stand referred to the Health Committee.

(b) All Mental Health Services are under the supervision of the Medical Officer of Health.

Dr. V. N. Leyshon, Medical Officer of Health, Dr. J. E. Masterson, Deputy Medical Officer of Health, Dr. G. W. R. MacGregor and Dr. M. M. F. Robinson, Senior Assistant Medical Officers, and Dr. C. L. Noble, School Medical Officer, are authorised to act as responsible medical officers in relation to patients under guardianship under Part IV of the Mental Health Act, 1959, or under Part III of the Sixth Schedule of the said Act.

There are 7 patients under the guardianship of the Local Health Authority.

Ten Mental Welfare Officers share the duties under the Mental Health Act, 1959. There is one Principal Mental Welfare Officer and nine Mental Welfare Officers. Two have considerable practical experience and have been awarded the Diploma of Recognition of Experience in Social Work by the Council for Training in Social Work. Two have gained a Certificate of the Council for Social Work Training after taking a two year course under the Council's Training Scheme. Four are registered Mental Nurses and one of these has gained the Diploma in Political and Economic Studies at Nottingham University. One is studying at the Nottingham Regional College of Technology for the Certificate of the Council for Social Work Training.

Clerical staff—One Secretary who carries out all the day-to-day clerical and administrative duties of the Mental Health Section. She is also a qualified shorthand typist.

One female clerk-typist who acts as assistant to the Secretary and Receptionist.

(c) 7 visits in connection with renewal of Orders under Section 43 of the Mental Health Act, 1959, and applications for holidays were made on behalf of 4 hospitals.

(d) The Court of Protection have appointed the Principal Mental Welfare Officer to be the Receiver of the estates of four mental patients. Three patients are in hospital and the other is under the Guardianship of this authority.

(e) No duties are delegated to voluntary organisations.

### Account of work undertaken in the Community

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-care:—

### Prevention

The Mental Welfare Officers made 1,680 visits and dealt with 627 cases as follows:—

148 neurotic and confusion cases with domestic difficulties:—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.



- 12 males were found other employment.
- 9 females were found other employment.
- 98 persons were persuaded to undergo out-patient treatment.
- 6 persons persuaded to attend rehabilitation centre.
- 28 males found lodgings.
- 15 females found lodgings.
- 175 patients are receiving regular visits for observation.
- 61 females persuaded to attend general practitioner.
- 41 males persuaded to attend general practitioner.
- 24 cases investigated proved to be caused mainly by neighbours' quarrels.

Differences adjusted in many cases.

10 cases—arrangements were made for elderly, mildly confused patients to be admitted to Manor Hospital.

## Prevention

A mother of eleven children was referred to the Mental Health Department by her own doctor as suffering from a reactive depression. At the acute stage of this illness the involvement of a psychiatrist was also deemed to be necessary but it was apparent that the cause of her depression was primarily of social origin. Initial interviews by the mental welfare officer revealed that there were financial difficulties and marital disharmony and that neither partner in the marriage seemed to have sufficient resilience to resolve these problems without guidance and support. Previously most of the blame for the plight of this family had been attached to the husband who was unemployed, said to be having extra-marital relationships and ruthless in the way he dealt with his children. The need for a mental welfare officer to be involved had been exacerbated by a letter from the bailiffs office threatening the arrest of the man for non-payment of a debt. The letter had been intercepted by the wife and had resulted in her depression being aggravated. She was distraught and voiced suicidal intentions. The mental welfare officer persuaded the husband to discuss this impending legal action and successfully intervened in the normal execution of justice. The relationship that was established between the officer and the man was instrumental in affecting a considerable improvement in the domestic situation and he was eventually able to return to work. At a later stage in the many months of involvement by the mental welfare officer, the family received a letter threatening eviction but once again the man met his responsibilities and prevented this eviction once he had been given encouragement to do so. This couple are likely to require prolonged periods of case-work before they can be expected to contend with the continual barrage of financial and emotional demands imposed upon them by such a large family but there has been a noticeable reduction in the number of crises.

An elderly lady living alone called the police to her house in the early morning and reported that she had been robbed of a large sum of money. She was able to describe the intruders in detail but was very vague as to the amount of money and where she kept it. It was soon established that no robbery could have taken place and the mental health social worker was called to see her. She was also examined by her doctor and medication prescribed. At first she was quite agitated and somewhat confused, but during the ensuing weeks in which intensive visiting was continued, she was able to accept that no robbery had taken place and the underlying anxiety regarding her relatives who had not visited her for some time was allayed. The relations were contacted and encouraged to keep in touch with the patient who then showed a rapid improvement. There has been no return of her symptoms.

A young man and his wife had been experiencing some marital disharmony over a long period. Unfortunately the relationship reached its climax and the wife left, taking their three children with her. The husband who was of an immature personality became extremely emotional and threatened suicide unless his wife returned. His general practitioner asked the mental welfare officer to visit with a view to either his admission to a psychiatric hospital or a reconciliation with his wife. After interviewing both parties, it became evident that a reconciliation was out of the question as the wife was quite determined to obtain a divorce on the grounds of cruelty. She states her husband becomes very angry without reason and beats her. She refused to speak to her husband about the situation. It was considered unnecessary to admit the husband to a psychiatric hospital. Despite his suicidal threats they appeared to have no foundation. The only course left for the mental welfare officer was to try and make the husband face up to the situation in a realistic and mature way and to offer support. After several meetings the husband agreed to return to work. His outlook has now brightened, he has new friends and now agrees that the divorce was in his best interest. Arrangements have been made for him to see his children twice a week and he has ceased to make suicidal threats.

Following a message from a neighbour a mental welfare officer visited a lady in her late thirties who was suffering from a puerperal depression and showing symptoms of anxiety and domestic inadequacy. This lady was the mother of three children, two boys of school age and a young daughter of eighteen months. This last child proved one too many and had broken up her normal reasonably capable pattern of life. This lady was afraid to go out of the house or to be alone with her young child. The general practitioner was contacted and an out-patient appointment was made for her to see a psychiatrist. She had attended the out-patient clinic previously but had failed to keep many of her appointments. The progress of this lady depended largely upon her own determination to overcome her problems; it was therefore suggested to her that she should travel by bus to her next appointment and not rely on being taken by a social worker. This she did with her husband as an escort and afterwards appeared to have more insight into her problem and she became determined to force herself to go out more. It was suggested that she should go to the shops each morning, accompanied at first by her husband whose shift work enabled him to do this and then progress from there. She is now making very good progress, is managing her domestic affairs quite well and is coping with her youngest child. She receives support in the form of regular visits from the mental welfare officer and also attends the psychiatric out-patient clinic.

David was referred to the Mental Health Department by his parents who felt that he was mentally ill. He had given up his job, refused to register as unemployed and exhibited impulsive and aggressive behaviour at home. The mental health social worker found him to be an extremely shy and uncommunicative young man who was clearly most concerned about his situation and was willing to accept help and advice from the social worker. Arising out of interviews with David and his parents, it appeared that he had experienced a most disturbed childhood. His parents separated, were divorced and both re-married and arrangements were made for him to live alternately with them. Neither home was able to offer continuity and security and at the first sign of difficulty the boy was sent to his other parent. Now in adolescence David lives with his mother and step-father where he is most insecure and his relationship with them and their attitude towards him reflects the difficulties of the past. This leads to a great deal of domestic upheaval. The boy refused to attend his place of employment as he felt



inferior to his workmates, and he was unable to carry out the academic aspects of his work. His difficulties in relationship extended into the wider social environment and he became afraid to register as unemployed and he felt too inadequate to compete for employment. Over a period the mental health social worker interviewed the family separately and together and it was evident that the parents were making a great effort to understand their son's problems and were able to modify their responses to his behaviour. Improvement in the relationships in the home resulted in David gaining confidence and he became more open and was able to express himself much more freely. He was able to register for employment and the offer of a post quickly followed which he has continued to hold for several months. There have been domestic upheavals but the family have been able to resolve these. There are clear indications that David still experiences some difficulty at work in his relationships, but is now able to seek advice and help and to date these difficulties have not caused him to cease work.

A young mother in her early twenties came to the office protesting about the behaviour of her mother with whom she lived. There had been, in the past, numerous incidents of family discord when social workers had become involved. On this occasion the mother was threatening to evict her daughter and children because of the household problems they caused.

Following a discussion with the family, our colleagues in the Children's Department and the Inspector of the National Society for the Prevention of Cruelty to Children it was decided that the best way to relieve family stress would be for the mental health social worker to obtain a place for the client's elder child in a nursery school. This was effected and the family is now functioning reasonably well.

## Care

The sixteen year old daughter of an Irish family of eleven children developed a behaviour disorder several months after her father was sent to prison for having an incestuous relationship with her. The mental welfare officer was called in after the girl had wrecked the home. She was almost mute and appeared hallucinated. Her mother gave a history of her becoming promiscuous, refusing to work and offering violence after her father left the home. The mental welfare officer arranged for her to be seen by a psychiatrist and she was then admitted to a psychiatric hospital on a compulsory order. She was diagnosed as being subnormal with schizophrenic personality. She gradually settled down and under the supervision of the hospital was found employment. A request was made for the mental welfare officer to see the girl before she was discharged from hospital as it was considered to be undesirable for her to return home. The mental welfare officer was instrumental in obtaining a residential post for her as a general maid at a residential school. Unfortunately it was quickly discovered that her presence there was having detrimental effect upon the residents and it became necessary to remove her, this time to a hostel for subnormal girls. Although her behaviour appeared to be normal her mental condition deteriorated acutely and she became hallucinated again, resulting in re-admission to a psychiatric hospital. After treatment she was again discharged but despite encouragement and intensive support by the mental welfare officer failed to remain in any residential employment for more than a week and eventually she returned to the family home. Relatives in Ireland then invited the girl to live with them and she was eager to leave to "start a new life". The mental welfare officer helped with travel arrangements and subsequently the girl left for Ireland. The mental welfare officer continues to visit the mother of the family as she is now suffering from an anxiety state. The mother corresponds regularly with her daughter whose replies indicate that she has settled down quite well with her relatives in Ireland.

A mentally subnormal young man quarreled with a workmate and walked out from the job he had held for a number of years. Although, after representation from the mental health social worker, his firm was willing to re-employ him, the patient had by then become withdrawn and argumentative and refused to take up his old job. He also refused to attend the employment exchange or to see his doctor. This was a burden upon his aged parents as he was not receiving any Social Security benefit and whenever his parents complained of their plight he would become angry and belligerent. It was necessary for the mental health social worker to work closely with this family and to become interested in the young man's hobbies in order to effect a more viable relationship between parents and son and to get him to leave the house. It was eventually possible to take him to the Disablement Rehabilitation Officer's Department at the Ministry of Labour where he received an immediate cash payment and was soon afterwards placed in employment. He continues to work satisfactorily.

Whilst on emergency duty the mental welfare officer received a call from the Derby Borough Police. Apparently an old lady had been brought to the police station after being found wandering the streets in her nightgown. On interview she appeared extremely confused and disorientated and showed marked nutritional deficiency and looked generally in need of hospital care. After establishing where the woman lived, she was found to have no known relatives and her accommodation was in a terrible state. The mental welfare officer arranged for her to be examined by a consultant psychiatrist who, after interview and further consultation with the mental welfare officer, arranged for her to be admitted to a psychiatric hospital on an informal basis where she could be given the treatment and care required.

The mental welfare officer has been making supportive visits to a young married woman with three severely subnormal children. She has a boy aged six and two girls aged five and four. The two older children are attending a special care unit and the younger child remains at home. This young mother is faced with a considerable problem in caring for these children who are all very active and destructive and at times her health suffers because of this. Despite these difficult circumstances the mother has ambivalent feelings about permanent care for her children, but arrangements are made for the two older children to have frequent periods of short term care in hospital. The mental welfare officer visits this family regularly and provides various forms of aid and encouragement which has resulted in a far greater interest being taken in the children by their mother and a radically marked improvement in their appearance.

A family consisting of a man, wife and three children came to the notice of the Mental Health Department following various violent outbursts by the husband who was subsequently admitted to a psychiatric hospital. Whilst he was receiving treatment in hospital a social worker maintained close contact with his wife who was left to care for her young children and cope with quite large debts which had been incurred during her husband's illness. Because of his violent outbursts and irresponsible and belligerent behaviour the wife felt that she must apply for a separation order. This was granted by the court and with continuing support from the mental health social worker a number of crises have been dealt with and an impending eviction averted. This family has not yet achieved a fully satisfactory level of functioning in the community and since the husband, who was the original patient, is under the care of the probation service, our work is now concentrated on establishing his wife and children onto a firm footing to help them make further progress in dealing with their affairs.



## Observation and Care

The Mental Welfare Officers made 4,226 visits and dealt with 1,239 cases as follows: —

- 285 cases persuaded to enter hospital as informal patients.
- 295 cases reported and no compulsory action taken.
- 112 cases requiring emergency admission to hospital—Section 29 of the Mental Health Act, 1959.
- 101 cases requiring admission to hospital for observation—Section 25 of the Mental Health Act, 1959.
- 8 cases requiring admission to hospital for treatment—Section 26 of the Mental Health Act, 1959.
- 319 mental patients: —
  - Claiming wages, National Insurance, Social Security Benefit, Disability Pensions, Retirement Pensions, Unemployment Benefit, general welfare inquiries, the storing of personal property and communications with distant relatives on their behalf.
- 50 male patients helped to settle domestic affairs.
- 69 female patients helped to settle domestic affairs.

## After-Care

The Mental Welfare Officers made 1,897 visits and dealt with 643 cases as follows: —

- 57 males were returned to regular employment.
- 18 males were found new lodgings.
- 8 females were found new lodgings.
- 27 females were returned to regular employment.
- 60 males kept under constant supervision.
- 80 females kept under constant supervision.
- 35 males re-admitted to psychiatric hospital.
- 44 females re-admitted to psychiatric hospital.
- 2 persons persuaded to attend rehabilitation centre.
- 8 males found change of employment.
- 7 females found change of employment.
- 39 males persuaded to continue with out-patient treatment.
- 40 females persuaded to continue with out-patient treatment.
- 197 cases visited at regular intervals.
- 14 reconciliations effected.
- 1 person sent to convalescent home.

## After-Care

A lady in late middle-age who had received in-patient treatment for a "nervous" condition on many occasions was living with her husband, a chronic invalid. She was re-admitted to hospital after expressing the delusion that a lady living next door was shouting accusations regarding the filthy conditions of her house. (The patient's home is spotlessly clean and an elderly gentleman lives alone next door). On discharge from hospital the patient was well for a time but later began to express the same delusion and said that the police were coming to arrest her for dirty toilet habits. She was so entrenched in her delusion that she would write notes to her husband rather than speak in her own house and when the mental welfare officer called she demanded to converse with him in his car. The patient has continued to receive out-patient treatment and her condition has fluctuated. It is necessary for the mental welfare officer to make frequent supportive visits to this lady and to encourage her to continue keeping out-patient appointments.

An elderly woman suffering from a chronic mental illness had been an in-patient in a psychiatric hospital for many years. When her younger spinster sister retired she offered to provide a home for her elder sister who was accordingly discharged. The mental welfare officer visited regularly and the elder sister gradually showed signs of some mental improvement and began to take an interest in the household duties. On two days per week she was a day-patient at the psychiatric hospital Occupational Therapy Unit where she was able to be seen regularly by her psychiatrist. Recently, however, her younger sister became an invalid and spends most of the day in bed. The elder sister has now assumed most of the household responsibilities and is adept at caring for her sister's needs. The mental welfare officer continues to visit regularly both sisters relying on the visits for advice and support.

A middle-aged widow who had recently been discharged from a psychiatric hospital, was finding great difficulty in re-adjusting to her home environment. Prior to her admission she was suffering from an acute paranoid schizophrenic episode, during which she accused her neighbour of spying on her and trying to poison her with doped cups of tea. After receiving treatment she was able to see that her paranoid ideas were unfounded, but felt guilty and fearful of her eventual confrontation with her neighbour, with whom she had a good relationship before her psychotic illness. The hospital psychiatrist asked the mental welfare officer to be instrumental in smoothing the path to re-affecting a good relationship with the neighbour. Fortunately on interviewing the neighbour she proved to be a very understanding woman who was only too happy to assist in any way she could. With the kind support from this neighbour and the regular after-care visits from the mental welfare officer this woman is now coping adequately with her home environment and her re-socialization back into the community.

A sixty year old man was discharged from a psychiatric hospital following a depressive illness brought on by his sister's suicide. He is an alcoholic and as a result of this has lost several jobs and been rejected by his relatives. During the period of after-care he initially made a great effort to cut down his drinking, but he eventually reverted to the bottle and had to be admitted to hospital in a depressed state. In the second period of after-care he again regressed, showing no indication that he would give up drinking. He will almost certainly continue to deteriorate as his alcohol addiction becomes increasingly severe. This man will require constant help and support.

The mental welfare officer was asked to arrange for the admission of a lady aged 40 years to a psychiatric hospital on an informal basis. The lady was a known alcoholic and prior to admission had been consuming an average of one bottle of cheap sherry per day and had developed extreme morning nausea if she failed to drink this amount. This lady had lost her friends, was unemployed and was separated from her husband. On admitting this lady to hospital it was necessary to accommodate her alsation dog in a boarding kennel and the hospital League of Friends kindly agreed to pay for its maintenance. Regular visits were made by the mental welfare officer during the time the lady was a patient in hospital and at the time of discharge suitable employment was found for her. After some time the lady became physically ill and was informed that an operation was indicated. This meant that she could no longer continue to work. During this period of awaiting the operation, the lady became depressed on a number of occasions and made several suicidal gestures which necessitated her re-admission to a psychiatric hospital. She is continuing to drink and on occasion becomes depressed. Regular supportive visits by the mental welfare officer are necessary if there is to be any improvement.



# MENTAL HEALTH STATISTICS FOR 1969

Number of Persons under Local Health Authority care at 31st December, 1969

	Mentally Ill				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely Subnormal				TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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	M.	F.	(1)	(2)			(3)	(4)	(5)	(6)	M.	F.	(7)	(8)	(9)	(10)	M.	F.		(11)	(12)	(13)	(14)	M.	F.	(15)	(16)	(17)	(18)	(19)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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Number of Persons under Local Health Authority care at 31st December, 1969 (continued)

12	Number of children under age 16 attending training centres who have not been included in item 2 overleaf because they do not come within the categories covered in columns (1) to (18)	Male	Nil
		Female	Nil
13	Number of persons included in item 6 overleaf who reside in accommodation provided under the National Assistance Act, 1948	Male	23
		Female	24

Number of Patients Awaiting Entry to Hospital, Admitted for Temporary Residential Care,  
or Admitted to Guardianship during 1969

	Mentally Ill				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely Subnormal				TOTAL	
	Under age 16		16 and over		M.	F.	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over			
	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
1.		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Number of persons in L.H.A. area on waiting list for admission to hospital at end of year																				
(a) In urgent need of hospital care ..	-	-	-	I	I	-	-	-	-	-	-	-	-	-	-	9	7	I	I	20
(b) Not in urgent need of hospital care ..	-	-	-	-	-	-	-	-	-	-	-	I	-	2	-	-	-	I	2	6
(c) TOTAL .. .. .	-	-	-	I	I	-	-	-	-	-	-	I	-	2	-	9	7	2	3	26
2.																				
Number of admissions for temporary residential care (e.g. to relieve the family):																				
(a) To N.H.S. hospitals .. .. .	-	-	-	-	-	2	5	-	-	-	-	-	-	-	-	19	25	3	6	60
(b) To L.A. residential accommodation ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Elsewhere .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) TOTAL .. .. .	-	-	-	-	-	2	5	-	-	-	-	-	-	-	-	19	25	3	6	60

# Number of Persons Referred to Local Health Authority during Year ended 31st December, 1969

Referred by	Mentally Ill						Psychopathic						Subnormal						Severely Subnormal						TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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TABLE 1—Workshops, or Day Centres for the Mentally III.

Number of premises and places provided .. .. .	1	Premises	Nil
	2	Places	Nil

TABLE 2—Training Centres for the Subnormal or Severely Subnormal (including Special Units).

	Age group provided for	Number of Premises	Places	
			Junior	Adult
3	Under 16 .. .. .	2	—	—
4	16 and over .. .. .	1	—	—
5	Junior and adult .. .. .	—	—	90
6	TOTAL .. .. .	3	120	90

TABLE 3—Special Units (included in table 2 above) providing for the Severely Subnormal with gross Physical Handicaps or gross Behaviour Difficulties.

Special Units within training centres .. .. .	7	Premises	—
	8	Places	—
Self contained units independent of training centres ..	9	Premises	1
	10	Places	45

TABLE 4—Places made available to or by other authorities or organisations.

		Type of authority or organisation	Places in workshops or day centres for the mentally ill	Places in training centres for the subnormal or severely subnormal		Places in special inits for the severely subnormal
				Junior	Adult	
Places made available to other authorities or to hospitals (include in tables 1-3)	11	Local authority ..	—	—	—	—
	12	Hospital .. ..	—	—	—	—
	13	TOTAL ..	—	—	—	—
Places made available to the authority by other authorities or organisations (do not include in tables 1-3)	14	Local authority ..	—	—	—	—
	15	Hospital .. ..	36	—	2	—
	16	Other organisations	—	—	—	—
	17	TOTAL ..	36	—	2	—



TABLE 5—Adjusted figures for places.

Net number of places available to the authority	Workshops or day centres		18	Line 2 + line 17 – line 13	36
	Training centres (including special units)	Junior	19	Line 6 + line 17 – line 13	120
		Adult	20	Line 6 + line 17 – line 13	92
	Special Units		21	Line 8 + 10 + 17 – line 13	45

Opened

Specail Care Unit extended from 20 to 45 places.

Dr. A. H. D. Hunter, Medical Superintendent, Kingsway Hospital, Derby holds a weekly meeting each Mondtay at which his medical staff, the occupational therapists, the hospital social workers and the mental welfare officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the superintendent and consultant psychiatrists maintain contact by seeking the aid of the mental welfare officers with regard to any enquiry they wish to be made and by obtaining and forwarding to them any patient's social history.

By permission of the Medical Superintendent, the mental welfare officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern. Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Suerintendent, Consultant Psychiatrists, Medical Officers and Staff of Kingsway Psychiatric Hospital, the Children's Officer, Chief Executive Officer of the Welfare Department and also to the general practitioners and police for their help and co-operation in carrying out the difficult duties under the Mental Health Act, 1959.

Thanks are also expressed to the Captain in charge at the Church Army Hostel. Without his very kind understanding and co-operation the mental welfare officers would find it impossible in many cases to carry out their duties with regard to obtaining suitable accommodation for homeless mental patients.

A large group medical practice invites the mental welfare officers to attend their surgery each week in order that they can give to the mental welfare officers and discuss with them at first hand, cases which may require psychiatric treatment or some form of action by the general practitioner and the mental welfare officer to prevent a mental breakdown. This form of liaison is to the benefit of both the general practitioner and the mental welfare officer.

The help and co-operation of all sections of the Department of Employment and Productivity, also that of the Department of Health and Social Security is greatly appreciated. Thanks are also extended to the W.R.V.S. for supplying meals and clothing to special cases.

Section 47, National Assistance (Amendment) Act, 1951

1 person was admitted to the Manor Hospital.

Subnormal and Severely Subnormal Patients

GUARDIANSHIP AND SUPERVISION

Thanks are tendered to the Medical Superintendent, Dr. K. O. Milner, Dr. S. L. Davies, and Staff of Aston Hall Hospital for their help and co-operation in carrying out the duties concerned with the examination and care of the subnormal and severely subnormal patients.

At the end of 1969 there were 579 subnormal or severely subnormal persons under supervision, 150 being under the age of 16 years.

Of the total number of subnormal cases, 112 were in employment.

235 Derby cases were in 29 different hospitals throughout the country.

The Mental Welfare Officers carried out 1,550 domiciliary visits during the year.

As a result of these visits it has been possible to assist many sub-normal cases in employment, domestic and financial problems.

## **IVY HOUSE JUNIOR TRAINING CENTRE**

REPORT BY MISS E. I. AVERY DEPUTY SUPERVISOR

This year has been a memorable one for the children at Ivy House as we were successful in winning the Junior Training Centre Shield at the first Derby and County Sports Day for Mentally Handicapped Children. We had lovely weather for this occasion and the afternoon was thoroughly enjoyed by all.

During the year a Parent/Teacher Association has been established and it is hoped that a closer relationship will develop between the Training Centre and the home to the benefit of the children.

Educational visits are a feature of the training of the children and visits have been made to the Fire Station and a model railway exhibition.

In December the younger children were taken to see Father Christmas at one of the large shops and each child received a gift. A concert was held to which families and friends were invited and the children entertained them with small playlets of The Three Bears, Snow White, Cinderella, and a Nativity Play. During the last week of term the Vicar of St. Andrew's conducted a short Carol Service and also the Christmas Party was held which included a visit from Father Christmas.

## **SPECIAL CARE UNIT**

REPORT BY MRS. P. L. JEPSON, SENIOR ASSISTANT SUPERVISOR

The new extension built to accommodate a further twenty-five children was opened in January. The new facilities include two quiet rooms for specialised activities, a remedial room for spastic children and a medical room. They offer greater opportunities to attempt many more activities with the children, the staff, now working with their own group.

In February seven additional members of staff were appointed and between March and June we admitted nineteen children.

Two members of staff left us during the year to have babies and were replaced.

Mr. Sommerville, Remedial Gymnast continued to pay us two visits weekly and we now have the services of Mrs. Henton, Speech Therapist. Dr. Robinson continued to pay regular visits throughout the year and other visitors included medical and nursing students.

One member of staff visited Castle Priory College in November for a one week course on "Spastic Children in Special Care Units" and found this both interesting and beneficial.

One child was transferred to the Junior Training Centre and one came from there to us.

In October we formed a Parent's Club, meeting bi-monthly, for an informal social evening, thus giving the staff and parents the opportunity to discuss any problems whilst getting to know one another better. This is proving to be very successful.



# WETHERBY INDUSTRIAL UNIT

REPORT BY MR. K. G. HOPKINSON, MANAGER.

During the year industrial work has been carried out for over twenty firms in the Derby area, who are now sending work in regularly.

Some of the special lines that we manufacture to our own design are being sent out to six of the largest towns in the midlands.

It is interesting to see how some of the trainees have developed over the past full year of training under workshop conditions. They take to new work very much quicker and learn much sooner how the work is to be done. More work is now turned out each month showing how they know the importance of getting on with their work.

We have over the past year found more time for recreation and social training. On Thursday afternoons we are able to use the Technical College Annex Gymnasium, where the boys play five-a-side football and the girls netball and rounders etc. All Thursday afternoon is taken up with sport and other recreation. The Gymnasium is very conveniently situated, being only several minutes walk from the Unit.

An outing into Derbyshire was given during the summer which included a walk down one of the dales; the weather being very good made this an enjoyable day for the trainees.

Out-side visits are made almost weekly, including shopping in Derby or other shopping centres.

All trainees visited the "Ideal Homes Exhibition" and visits have also been made to the Fire Station, the Council House to see the new town model and the G.P.O. Sorting Office.

A selected number visited the factory of John Davis Ltd., on Alfreton Road, creating interest to see employees working under the same conditions as the Unit workshop.

The Unit was represented in most events at the Sports Day held at the Derby Municipal Stadium and organized by the Society for Mentally Handicapped Children. From all the Units in Derbyshire we were placed third overall and took first place in the tug-o-war.

During the very bad weather early in the year, particularly in February, attendance was good and has been so throughout the year.

Many visitors have been shown round the Unit during the year, and in March the Derby and District Disablement Advisory Committee inspected the Unit and held their meeting here.

Meetings are also held with representatives of the Department of Employment and Productivity to discuss possibilities of open employment for trainees. During the year three have been placed in employment with local firms.

An Open Day for parents was held just before Christmas, which enabled parents to see the trainees at work. Approximately 160 parents and friends attended.

Number on the Register at the 31st December, 1969

Females	40
Males	50

## VIII—SOCIO MEDICAL WORK

REPORT BY MR. R. L. CARABINE, PRINCIPAL MEDICAL SOCIAL WORKER.

A recent publication of the Department of Health and Social Service entitled "Digest of Health Statistics for England and Wales 1969", gives amongst other interesting information the fact that the average list of patients per General Practitioner was 2,447 for the year 1968. On this basis a group of four doctors are serving a population of around 10,000, a sizeable slice of any community and the equivalent of many small townships. Given the knowledge we have, that ill health is often precipitated or accompanied by social stress, it will be obvious that a considerable proportion of this population will present to the doctors problems of not only a medical but also social nature.

In the report for 1968 I described how this Health Department had moved to meet this situation by attaching social workers to General Practice. I explained that it was our aim both to assist the G.P. and to reach people who stood in need of both medical and social aid at a moment when it would, psychologically and practically, be most effective.

Progress in 1969 continued on these lines and we have now reached a stage where attachment covers all Group Practices within the area and several of the smaller "single" or "two manned" practices. Further progress will now be dependent on the provision of additional staff but we are endeavouring to meet urgent requests from those doctors whom we are not yet able to serve by attachment.

In retrospect the year was one of considerable progress for inspite of staff changes which made certain phases rather difficult there is no doubting the intimate relationship achieved between the department and General Medical Practice. This is demonstrated in many ways, not always tangible or easy to illustrate for one can only work in association with general medical practice on a basis of mutual confidence. The fact that it is possible for one social worker to participate in two or more neighbouring practices and to be party to the domestic environment of each speaks for itself. Further proof of progress was provided when early in the year all the doctors were asked by "questionnaire" to comment on various aspects of our work with them. The response was revealing and the numerous personal letters from doctors supplementing the questionnaire displayed a variety and depth of interest which in turn stimulated our thinking. An example of this has been the placing in two or three selected practices of a Public Notice inviting patients with "personal problems" to ask through their doctor for the help of the social worker whose name and telephone number is given. This though apparently a minor piece of experimental work, is not without significance for it illustrates how we are moving in our joint approach to generic socio-medical problems.

Turning now to the work content of the social worker I would like first to comment on the Abortion Act in particular. I and my colleagues believe that inspite of the attendant difficulties created, the Act has been a beneficial one. We believe its administration in this area to be both humane and ethical thus we willingly make contribution to its working. During 1968 we made at medical request, sixteen social assessment reports, in 1969 this rose to over sixty cases. We are aware that these reports do play a significant part in the final medical decision and are therefore very conscious of our responsibility to all concerned. In this respect it is not unknown for the patient interviewed to subsequently revoke her initial request for a termination as a result of having worked through her problems with the social worker. Since termination of a pregnancy evokes complex emotional reactions "follow up" support is invariably given by the worker.



In more general terms, two broad groupings of patients emerge from our work in medical practice. The first consists of those whose need is fairly obvious—they are the articulate who are able to express their needs, the long term cases of illness, those who may become handicapped and those at risk by virtue of their apparent situation. The second group will include the less articulate who may well mask their social stress by “presenting” vague complaints of ill health. It will include those suddenly bereaved or involved in tragedy yet frequently appearing to be in full “control” but whose subsequent behaviour betrays their inability to cope. The shy, diffident, unobtrusive personalities who though consulting their doctor are anxious not to arouse what they may regard as undue attention will also be found in this group. There are reasons to believe that many people do attend their doctor quite unaware of their deeper motivation or frequently disassociating their daily living from the state of their health, and often a social worker can be of immense help to them.

It is with the second group that we most reap the benefits of joint medical social work—the fact that the “social” aid comes as part and parcel of their medical care makes it acceptable, a vital aspect when emotional rather than organic factors are the principal component of a problem. Inhibitions which may otherwise operate do not arise when social work aid is presented in this manner.

Obviously the fieldwork offered in this setting is a wide one though the situations encountered are far from unique, however it is safe to assume that very few of the patients helped would take positive steps to seek social casework aid and in this sense we are meeting one of the principal suggestions of the Seeborn Report. The following is a typical list of patients referred to the social workers over a forty-eight hour period:—

- Mrs. D. Pregnant 5th time—G.P. requests social report in connection with possible termination.
- Mr. C. Wife desertion—G.P. requests social worker support during this immediate period.
- Mrs. E. Husband died recently—Patient depressed G.P. requests social worker support.
- Mrs. K. Failure to attend Antenatal Clinic—G.P. requests social worker to ascertain cause and encourage attendance.
- Mrs. H. Elderly lady living with relatives whose ability to cope is nearing exhaustion—G.P. requests social worker to investigate.
- Mrs. N. Suffering stress as a result of marital difficulties—Health Visitor and G.P. request social worker to see patient.
- Mrs. A. Pregnant, 6th child—Husband unemployed—G.P. requests social worker's intervention—? employment—contraception, etc.
- Mrs. C. “Phobia” depressed—Health Visitor requests Social Worker to investigate possibility of employment for patient—G.P. agrees.
- Mrs. Y. Sexual difficulties—G.P. requests Social Worker to see patient.
- Mr. X. Separated from Wife—living in poor circumstances—emotionally off balance Health Visitor requests Social Worker's support.
- Miss N. Single woman—pregnant—supportive work requested by Health Visitor.
- Mrs. J. Stress in family arising from patient's inability to cope—Health Visitor requests Social Worker's support.
- Mr. O. Age 18—Taking drugs—G.P. requests Social Worker to assess situation.

It will not be unnoticed that in several cases the Health Visitor makes the request for social work aid and as I remarked in the report for last year this "link up" where both are attached to the practice is most effective. I need hardly add that frequently we are requesting the Health Visitors aid and in this connection the present Central Office accommodation is of course near ideal since we are operating in such close proximity to all our colleagues. It is to be hoped that pending legislation will not destroy the liaison which has been achieved over years. It is essential that this advanced Personal Social Service should continue to function in intimate collaboration with all our health colleagues, indeed it is difficult to visualise a future which does not offer the present opportunities for close liaison. Community Health, interpreted in its widest sense presents one of the biggest challenges of the day for behind the exhibitionism, the vandalism and indeed the battered babies, all of which makes headline news, there is the less conspicuous mass of frustration and anxiety arising from the impotence many individuals feel in this technological age. I cannot, when viewing the future and attempting to project the problems we face, do better than quote a recent paper in the "Social Service Review" where the writer having commented on Society's recognition of the handicapped went on to discuss the rising cost of sickness and the tendency of people to resort to the doctor. She concludes:—"In the next two decades much will need to be done to help the medical and paramedical professions to differentiate between those who are ill in such a way that medicine can succour them and those who are ill simply because they know of no other acceptable way to frame their protest that the stresses are too heavy and that they want some relief. Social workers can offer effective help for the latter group and working in association with general practitioners medical social workers would be fulfilling a function rooted in the contemporary needs of Society".

The further development I mentioned in the report for 1968, whereby this section also services the Child Guidance Clinic has, I am assured, been wholly successful, this will be commented upon in the report by Dr. Pillai on the work of the clinic.

During the year the section again received Students undertaking the "National Certificate in Social Work" Course, and an overseas student from University College, Swansea, whilst on a more personal note I was pleased to be invited to join the Social Work Advisory Panel of the "Regional Advisory Council for the organisation of Further Education" in the East Midlands, and to participate in the selection of students for the Nottingham Regional College of Technology Certificate Course.

Our relations with all voluntary organisations both local and national were most harmonious and our thanks are extended to these and other friends who gave us invaluable aid; in particular we would thank the National Society for Cancer Relief from whom we received no less than £1,076 in the year.

In conclusion I again repeat that the liaison established between this section, the General Practitioners, Hospitals, Clinics and all allied health and social services is essential to its effective functioning. Whatever form legislation on the Personal Social Services and the National Health Service may take, Social Workers whose professional work is in the field of "Health" cannot hope to achieve anything of value without facilities for that daily association which stimulates us in our common aim.

## Referred by

General Practitioners	...	...	...	...	...	930
Hospitals	...	...	...	...	...	89
Chest Centre	...	...	...	...	...	27
Health Department Workers	...	...	...	...	...	197
Local Authority Departments	...	...	...	...	...	62
Department of Health and Social Security	...	...	...	...	...	6
Councillors	...	...	...	...	...	12
Voluntary Agencies	...	...	...	...	...	7
Own Approach	...	...	...	...	...	142
Other Sources	...	...	...	...	...	45
						<hr/> 1,517 <hr/>

## Problems—Socio-Medical

Personal Problems	...	...	...	...	...	648
Family Problems	...	...	...	...	...	528
Medical Care	...	...	...	...	...	117
Financial Needs	...	...	...	...	...	271
Employment	...	...	...	...	...	77
Rehabilitation	...	...	...	...	...	27
Legal and Technical	...	...	...	...	...	38
Care of Children	...	...	...	...	...	79
Housing	...	...	...	...	...	194
Medical Appliances	...	...	...	...	...	49
Home Care	...	...	...	...	...	310
General Advisory and Follow-up enquiries	...	...	...	...	...	44

## Medical Classification

Cancer	...	...	...	...	...	96
Cardiac and Circulatory	...	...	...	...	...	178
Chest Conditions	...	...	...	...	...	124
Diabetes	...	...	...	...	...	31
Debility	...	...	...	...	...	18
Stress	...	...	...	...	...	600
Epilepsy	...	...	...	...	...	18
Gastric	...	...	...	...	...	52
Neurological	...	...	...	...	...	38
Paraplegic and Hemiplegic	...	...	...	...	...	27
Pregnancy	...	...	...	...	...	133
Rheumatism and Arthritis	...	...	...	...	...	70
Skin Conditions	...	...	...	...	...	4
Orthopaedic	...	...	...	...	...	31
Gynaecological	...	...	...	...	...	13
Tuberculosis	...	...	...	...	...	24
Alcoholism	...	...	...	...	...	4
Leukaemia	...	...	...	...	...	—
Ophthalmic	...	...	...	...	...	17
Geriatric	...	...	...	...	...	168
Unmarried Mothers	...	...	...	...	...	125
Other Medical and Surgical Conditions	...	...	...	...	...	130



## IX—MISCELLANEOUS

### HOME NURSING SERVICE

REPORT BY MISS D. M. CLEWES, PRINCIPAL HOME NURSING OFFICER

It is a truth Health is Wealth yet unless there is an increase in wealth it is not possible to improve the Nursing Service.

1969 has been a year of no outstanding improvements or achievements in the domiciliary Nursing Service—this is frustrating and disappointing, for there is so much to be done to improve and make this Service more comprehensive.

Looking back over the years one is convinced that each one brings greater demands for more ancillary support for the nursing staff.

The social problems which beset so many of our disabled and elderly patients do not lessen, but are becoming multitudinous. It is only at a time when a report has to be prepared there is a fuller realisation of the dependance one Service has upon another within the Health Scheme.

Today, it would be impossible to imagine a nursing service without the excellent help given by the Health Visitor, Home Help, Medico Social Case Worker, Mental Welfare Staff, Domiciliary Occupation Therapy, The Welfare Department in all its facets, The Womans Royal Voluntary Service, and last though certainly not the least the Chiropodists; but for the last mentioned many of our patients would not be ambulant. (Strange that the “handmaiden of the body” is so often neglected, seeing the whole body rests upon it for so many hours each day of one’s life).

All these departments have contributed all the help they possibly could within their powers and ability, yet, there is still this weak link in the chain of the Service.

It would seem opportune at this juncture to draw attention to the domiciliary nurse of today, to note the knowledge he/she is required to have, and to use, to be of benefit to the patients. Not only is the nurse expected to be a good bedside nurse, but to have the ability to assess the needs of patients and their families and to call upon the various services according to the need.

#### Training for Home Nurses

In September four nurses commenced three months’ training in Nottingham, this being the second group from Derby to take this course. They will be sitting for their examination on the 15th January, 1970.

The decision of the Health Committee that part-time staff could be employed during the period staff are away on a training course has been a great help, and very much appreciated, in fact, but for the relief staff it would have been impossible to spare four nurses at one given time.

The relief nurses were Mrs. Dugard, Mrs. Sims, and Mrs. Latham, each expressed the pleasure they had found in domiciliary nursing, and asked if they might be considered again should such help be required in the future. We are indeed most grateful to them for their help, and hope they will be available again in September 1970, when it is hoped that another four nurses will commence their district training.



Retirement of Mrs. Margaret Bush

On 17th December, 1969, a presentation was made at a farewell party given by friends and colleagues of Mrs. Bush on the occasion of her retirement after 15 years service with the Derby Home Nursing Service. Mrs. Bush will be missed by her patients and colleagues. We all wish her a long and very happy retirement.

Number of persons nursed during the year	...	...	...	3,342
Number of visits	...	...	...	123,388

During the year a total of 1,300 items of home nursing equipment were loaned to the public, including bedpans, backrests, hoists etc.

EXFOLIATIVE CYTOLOGY

REPORT BY MISS J. HEADINGTON, PRINCIPAL HEALTH VISITOR

Clinic

About the middle of 1964 the daily press and women's magazines began writing articles about a preventive test for women, that should be made available for the early detection of cancer of the neck of the womb. Women's clubs and trade unions took up the cudgels on their behalf and in a few months this service was spreading rapidly all over the country.

In November 1964 Derby opened two morning clinics per week to meet the demand, and women flocked in great numbers for cervical cytology.

Since its commencement, the policy has been to show films and give talks about this simple test, and also to include teaching on self examination of the breasts for lumps. A Health Visitor has always been in attendance to carry out these duties and to listen to any anxieties connected with this type of clinic.

Over the last five years this service has been maintained, but when the demand has been accelerated due to publicity, extra sessions have taken place.

All methods have had to be used to inform the public about this service, and Health Visitors, Midwives, and Home Nurses have co-operated in persuading women when visiting homes or attending clinics to make an appointment to have this preventive test.

There are still a vast number of women who have not attended, and the reason in many cases is fear.

Many of them quite openly say that if there is anything wrong with them they prefer not to know about it in advance, but will meet the trouble when it arises.

In some parts of the country the demand for the service has fallen as dramatically as it arose, and clinics have been closed.

During the last year a voluntary worker particularly interested in cytology has assisted the department in the delivery of leaflets to homes in selected areas, and this has met with some success.

It has been gratifying to note that the women of Derby have kept their appointments well, they have prevailed on their friends to attend, and have notified us when they have changed their address. This has made our task easier with regard to their follow up appointments.

Mass media has continued to keep the public aware of new developments within the service but it is obvious that in order to keep our local clinics functioning, the interest must be kept alive by all those working for the prevention of ill health, and new methods in the field of health education must be pursued with vigour.

## Smears taken

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>
1965	1,783	82	—
1966	1,163	71	1,258
1967	727	94	806
1968	1,680	164	728
1969	1,763	329	—

## Positives—Clinic

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>
1966	15	2	1
1967	5	3	2
1968	7	3	1
1969	10	6	—

Yearly repeats were discontinued in September, 1968, when a five yearly re-call system came into operation, but special repeats continue to be taken for other reasons.

## Domiciliary Cytology

REPORT BY MISS D. M. CLEWES, PRINCIPAL HOME NURSING OFFICER,

Health Visitors and Midwives do their best to encourage the women to avail themselves of this Service should it not be convenient for them to go to the Cytology Clinic. With many women there is apathy, fear, or not wanting to know, otherwise many more smears could be taken.

One of the large stores asked for the Service to be available to their staff in the surgery of their store. We were very happy to arrange this.

One branch of the Womens' Institute asked for a session in a church hall for their members who reside in the borough.

I have personally approached women's organisations connected with several churches, also one or two store department manageresses but have not met with success—perhaps in the instances with the stores it is that they have not the staff rooms which could be used.

Since the Health Department started the clinics and the domiciliary service many doctors have been taking cervical smears from their patients in their surgeries. So that with the hospital maternity units, clinics, doctors and domiciliary nurses a good number of women have been checked, hence the picture is not quite as black as it would first appear. Nevertheless, there are thousands of women in Derby who are just not interested—and this is the tragedy.

## Domiciliary Smears taken

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>
1966	957	43	572
1967	335	56	634
1968	77	31	121
1969	348	92	7

Positives—Domiciliary

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>
1966	9	4	—
1967	—	2	1
1968	—	—	—
1969	1	—	—

REVIEW OF CARCINOMA OF THE CERVIX UTERI TREATED IN THE  
RADIOTHERAPY DEPARTMENT OF THE DERBYSHIRE ROYAL  
INFIRMARY 1947-1958

REPORT BY MR. A. G. G. MELVILLE, CONSULTANT RADIOTHERAPIST.

All cases of squamous cell carcinomas. 326 patients were treated. 36 per cent. were in Stage 1 and 70 per cent. in Stages 1 and 2. This relatively high percentage of early cases reflects the extent to which cytology has contributed to the early diagnosis of carcinoma of the cervix uteri in Derby.

202 patients were treated between 1947 and 1953 mainly by radium alone using the Manchester method. The five, ten, and fifteen year recovery rates were 47 per cent., 37 per cent. and 31 per cent. In Stage 1 the figures were 64 per cent., 52 per cent and 47 per cent. Including the 10 year survivors of the 1954-1958 group the absolute survival (10 year) percent for the 326 patients was 36 per cent. 57 patients had pre-planned hysterectomy and lymphadenectomy, or lymphadenectomy alone following Radium.

The incidence of gland metastases in Stages 1 and 2 was estimated to be at least 36 per cent. Of the 57 hysterectomy and lymphadenectomy cases 38 per cent. were estimated as having gland metastases. 60 per cent. survived ten years.

Lymphangiography reveals abnormal para-aortic glands in over half the patients examined.

Para-aortic irradiation is given to those patients following pelvic irradiation with Co.60 and Radium.

THE FAMILY PLANNING ASSOCIATION

REPORT BY RONALD BRAMER, D.F.C. BRANCH ORGANIZING SECRETARY,  
NORTH MIDLANDS BRANCH

The Family Planning Association has continued to give contraceptive advice to all who ask for it, irrespective of marital status. Unfortunately, fees to patients have had to be increased owing mainly to increased doctors' and nurses' fees but the policy of not turning anyone away for any reason including inability to pay, still applies.

During 1969, there were 5,954 patient-visits, including 709 new patients. Sources of referral of the new patients were:

Officially referred by LHA	...	...	6
Notified by LHA	...	...	7
Friend or patient	...	...	430
Family Doctor	...	...	113
Transferred from other clinics	...	...	115
Others	...	...	28
			709



Cytological smears taken ... ..	740 (All negative)
No. of doctor-sessions ... ..	351 (Including 37 IUD sessions)

Sessions are operated on an appointments only basis and enquiries can be made by contacting the Clinic Supervisor, Mrs. B. Mee. Telephone Derby 41462.

## OCCUPATIONAL THERAPY UNIT

REPORT BY MRS. E. M. BENTLEY, OCCUPATIONAL THERAPIST/REHABILITATION OFFICER.

Occasionally a Rehabilitation is effected which makes one think that the job is really worth while such a case was that of Mr. X a patient who was referred for Occupational Therapy from the Mental Health Section in January 1962. He was 34 years of age with a history of Psychoneurosis this manifested itself in indecent exposure, which had brought him a number of prison sentences.

For the same offence he was expelled from Kingsway Hospital in 1954. He was admitted to Aston Hall Hospital in 1958 and discharged in 1961 with a poor report.

This case presented a formidable challenge and to have a patient with this tendency attending classes of mixed patients was almost like sitting on a time bomb. Although his prognosis from all sources was extremely poor it was decided to give him a further chance and the first step involved hours of discussions in an effort to discover the reason for his behaviour.

The pattern which emerged was that of immaturity, and when working in group Therapy he was completely irresponsible with tools, materials and his personal appearance was very neglected, individual supervision at home and in the Unit was maintained daily. A continuity of work appeared to be the answer and the patients behaviour improved imperceptibly.

With the help of Mental Welfare officers, he was referred to Industrial Rehabilitation Unit in October 1962 and he made a remarkable impression there and was transferred to Leicester Government Training Unit. Regrettably he had a relapse in January 1963 and was given a further sentence. Immediately after his discharge rehabilitation was resumed and gradually a marked improvement appeared in his general behaviour.

In the course of more discussions he felt oppressed and rejected by his parents and the community. His home environment was that of suspicion and distrust and his father, a semi invalid, and his mother appeared to be over protective. Home life was greatly disturbed as the patient would walk around the house exposing his person to his parents and sister. Understandably they refused to let him out of their sight and his father accompanied him wherever he went. A good relationship was established with his family who were finally persuaded to permit the patient to make the journey to the Unit alone with the object of beginning a campaign of trust and a little responsibility. It was hoped to restore his self respect and confidence.

This idea worked. He was taught many skilled jobs including self care, woodwork, upholstery and french polishing. He was kept fully occupied and arrangements were made for him to attend an evening class for woodwork in 1967. He enjoyed the freedom of attending evening classes and mixing freely with the instructor and students. He said it was like being in another world.



In 1968 five years had elapsed since the patient's last offence and it was felt that it was reasonably safe for him to attend Industrial Rehabilitation Unit. With the help of the Mental Welfare Officer, Mr. Harrison D.R.O. and his G P. this was arranged. The course was successful; his report was good and he was recommended for full time employment, but with his unfortunate record it was found to be almost impossible to get him accepted.

He resumed attending the unit and Mr. Harrison visited him frequently to reassure the patient that employment would ultimately be found. Finally he commenced full employment on 5th June, 1969. Although he had been attending the Unit for 7½ years he had been incapacitated in all for 16 years. The Patients Rehabilitation had been a long weary and frustrating task. It has been most gratifying that the Occupational Therapy Unit was able to face the challenge squarely and emerge successful.

From a purely economic point of view the patient had for 16 years been a financial burden to the community, and he is now able to support himself, occasional visits are made to demonstrate that the department is still interested in his welfare.

The staff situation has been eased considerably by the engagement of Miss Hadfield as Craft Technician and with the continued help of Mrs. Keeling on a part time basis. The work of the department has been helped immensely by the co-operation of Mr. Harrison D.R.O. Many more G.P.s also appear to be aware of the service judging by their increased referrals.

It is unfortunate that after a considerable degree of recovery it is still difficult to obtain suitable employment for our patients. The resultant frustration and disappointment often jeopardising their permanent recovery.

The establishment of a sheltered workshop within the County Borough would be an invaluable help in ensuring continuity of recovery, and help to develop fully a daily working habit and provide a half way house within the working community.

Summary

Number of patients on register	...	...	...	...	...	...	48
Number of patients attending Occupational Therapy Unit	...	...	...	...	...	...	18
Number of home visits	...	...	...	...	...	...	965
Number of patients returned to full employment	...	...	...	...	...	...	6
Number of patients returned to part time employment	...	...	...	...	...	...	2
Number of patients referred for training at the Industrial Rehabilitation Unit, Long Eaton	...	...	...	...	...	...	6
Number of patients transferred to the welfare Department	...	...	...	...	...	...	5
Number of treatments at Occupational Therapy Unit	...	...	...	...	...	...	1,094
Number of Home visits	...	...	...	...	...	...	1,042

MAINE DRIVE CHIROPODY CLINIC

REPORT BY MRS. P. WAINWRIGHT, CHIROPODIST.

By the beginning of 1969, the Chiropody service at Maine Drive Clinic had been increased yet again to a total of five sessions per week; and this coupled with the welcome addition of a clinical assistant during February, enabled us to provide a much better service for our patients.

During the year, 242 patients attended for regular treatment, three of these being expectant mothers, and six physically handicapped people below pensionable age. Twenty-five patients were conveyed to the clinic by ambulance. One patient, Mr. B. an epileptic, unfortunately lost consciousness whilst in the waiting room and had to be dispatched to the Derbyshire Royal Infirmary. Later enquiries revealed that his first words on regaining consciousness were "could I have another appointment"! This unfortunate incident does at least illustrate the importance our patients attach to Chiropody treatment, and many G.P.s and Welfare personnel realise that this is an important factor in keeping our geriatric and handicapped people mobile, and so saving precious hospital beds.

1969 also saw the extension of our Domiciliary Service and 181 patients were treated in their homes, five of these being physically handicapped.

Unfortunately, due to the excessive demand for this service, the interval between treatments increased considerably, although we attempted to treat the most needy as often as possible. One of the main difficulties is that time and facilities are naturally more limited than in the clinics, and yet housebound people, often living alone and in far from ideal conditions, need regular treatment even more than the clinic patients who are ambulant. Many of them are crippled, or even bed-ridden, with consequent circulatory disorders, poor resistance and often poor standards of hygiene, so one is constantly presented with recurrent sepsis and ulceration especially with the long intervals between treatments. One patient, Mrs. N., on the first visit, revealed feet ingrained with dirt, oedematous, and swathed in dirty rags. On further examination, it was found that the only lesions were small septic corns on the first metatarsal-phalangeal joints, but the pain had become so excessive that the patient had just bound her feet up and refused to touch them. Removal of the corns, saline soaks and protective padding had soon relieved the pain, but of course, by the time the next visit came, the feet were presented bound up once more. This is far from uncommon occurrence and treatment in most of these cases must of necessity be palliative rather than curative. It is to be hoped perhaps that in the future the use of moccasin-type appliances could be envisaged for this type of patient, so greatly reducing the need for constant treatment and affording more permanent relief.

One of the saddest occurrences is to see a patient who has been attending the clinic for some time, suddenly through ill-health, e.g. cerebral thrombosis, cardiac trouble etc. removed to the domiciliary list; but one of the happiest is to see our over 90's still coming to the clinic with a smile on their faces and a spring in their step.

## **RYKNELD CHIROPODY CLINIC**

**REPORT BY MRS. E. MULLINEUX, CHIROPODIST.**

From February 1969 the three clinics in the borough were provided with one clerical assistant each, which has proved more satisfactory, not overburdening one clerk as before.

There were 2,157 treatments given at this clinic during the year, and nine Diabetics and 13 handicapped persons attended for treatment.

The Ambulance patients who had previously been absorbed into the 'domiciliary service', were accepted for treatment as from October. It was found more convenient for the Ambulance Service, to book these patients from the same area for one session per month. Five patients, because of their incapacity, are brought to the clinic by relatives' transport. For all these patients it is an outing and social event, as well as having their feet attended to



Two handicapped persons under pensionable age were treated successfully for verruca pedis. One of these had a spastic leg, and so required treatment in order that she could continue her therapy of swimming lessons.

A number of patients who usually have quite severe chilblains in winter, are finding great comfort in the long boots that have become fashionable. These help to keep the blood warm in the main vessels which supply the foot.

Much co-operation is needed with patients who have developed bad habits such as constant wearing of "sloppy" slippers indoors, or some who say they have worn court shoes all their lives and cannot wear any other. The resulting dearrangement of the fore-foot is not reversible, and its results can only be alleviated. One of the patients who has been "converted" often recalls her first visit to the clinic when she was given advice on the correct type of footwear. She wonders now how she ever put up with the pointed high heeled court shoes for most of her 75 years.

One of the degenerative changes due to old age is the loss of elasticity producing thin dry parchment-like skin. Fatty tissue is diminished and prominences subject to pressure require padding. Adhesive padding devitalizes skin tissues, is unhygienic, and patients are reluctant to remove it even after 2 months. It is desirable to make replaceable padding wherever possible according to the abilities and mobility of the patient, in order that the skin can be cleansed and lubricated.

Replaceable pads take time to make, and as we haven't a great deal of this in the sessions provided, it is food for thought that an appliance centre at some future date would be very valuable.

## **BOULTON CHIROPODY CLINIC**

**REPORT BY MRS. A. E. GREATOREX, CHIROPODIST**

The clinic has been fully booked during the year, all patients having an appointment every eight or nine weeks, any cancellation being quickly absorbed by the waiting list. Most patients tried to keep their appointments, or let us know, for instance, a patient though injured asked the casualty Sister at the Derbyshire Royal Infirmary to cancel and rebook another chiropody appointment. There has been much illness amongst our patients, causing many to become housebound for long periods. Early in the year we had patients with Herpes Zoster, and Bronchitis, summer brought an alarming number of Paralysis, and Influenza was prevalent during the winter months.

Mrs. Melville S.R.Ch. joined us as receptionist and relief chiropodist to the three clinics, but her stay was very short, leaving to have a baby. Mrs. MacIntyre left to work at Ivy House Junior Training Centre in January but rejoined us in July.

The Chiropody service is helping to keep many patients active especially some of the 80 and 90 year age groups, their independence, neatness, alertness, and interest sometimes amazes me. One of my patients, a lady aged 93 years, still very active, lives alone attends to all her own requirements, and is also a keen gardener, her will to live is very marked, to quote "she was giving no one chance to say she was on her way out". An early Parkinson Disease attends evening classes for French and German, one also paints flowers and gardens, and an invitation to see her work, almost turns the clinic into an art gallery. Another one frequently helps the nursing staff at the Derbyshire Royal Infirmary and Manor Hospital.



Details of statistics on chiropody treatment year ending 31st December  
1969

Number of persons treated.

						<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
1.	Persons aged 65 and over	...	...	...	...	1,245	—	1,245
2.	Expectant Mothers	...	...	...	...	5	—	5
3.	Others	...	...	...	...	25	—	25
4.	Total	...	...	...	...	1,275	—	1,275

Number of treatments given.

						<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
1.	In clinics	...	...	...	...	5,281	—	5,281
2.	In patients' homes	...	...	...	...	541	—	541
3.	In old people's homes	...	...	...	...	—	—	—
4.	In chiropodists' surgeries	...	...	...	...	—	—	—
5.	Total	...	...	...	...	5,822	—	5,822

HOME HELP SERVICE

REPORT BY MISS S. ECCLES, HOME HELP ORGANISER.

During the year 1,877 cases were served compared with 1,695 in 1968. The expansion was partly due to a small increase in finance allocation.

Many more urgent short term cases, some involving the care of children, have been dealt with than in the previous year. However, much more could still be done, even though the demand on the service is constantly in excess of supply.

With a severe shortage of hospital beds in the area, patients often need daily help when they are discharged from hospital. Consequently some less urgent cases are deprived of help for a short period until the emergency is over.

We have been endeavouring to improve the service in Derby by adapting it to cope with the diverse needs of the patients and not merely catering for those whose needs fit easily into our hitherto pattern of work. If we are to provide an effective service it must be flexible enough to deal with every type of case, so the hours allocated to patients and Home Help work programmes must vary accordingly. We intend to develop this aspect more fully next year when cases are zoned.

Ten neglected homes were cleaned and restored to normal habitation. In eight of these cases two home helps attended together but in two extreme cases it was necessary for a man to clean through the house before two home helps were able to cope.

Unfortunately many members of the public still look upon the home help as an old fashioned char lady or what is commonly known as "Mrs. Mop". We receive many requests from people whose daily help has perhaps recently left their employ or they may feel the need for a "cleaning woman" as they describe her. These people seem completely unaware that the home help has many duties other than rough house work and is, in fact, a source of support at a time of family crisis and an aid to prevention of illness and accident for many old and infirm people.

Afternoon meetings were held during June for Home Helps when talks were given about different aspects of their work. These proved successful and arrangements are now being made for further meetings to be held in 1970. There is a very real need for training and it is hoped that such meetings will pave the way for more extensive courses in the future.

In June the final stages of a new clerical system were implemented which has resulted in a much smoother work flow and a considerable improvement in communications with both home helps and patients.

### Details of cases served during 1969

<i>Aged 65 and over on 1st visit</i>	<i>Chronic Sick and T.B.</i>	<i>Mental Disorder</i>	<i>Maternity</i>	<i>Others</i>	<i>TOTAL</i>
1725	28	3	42	79	1877

### Number of cases served annually Comparison for the years 1961-1969

1961 -	909
1962 -	933
1963 -	1068
1964 -	1119
1965 -	1198
1966 -	1165
1967 -	1134
1968 -	1695
1969 -	1877

### Assessment of Cost

<i>Year</i>	<i>Full Fee Charged</i>	<i>Reduced Fee Charged</i>	<i>No Charge</i>
1961	122	787	-
1962	120	813	-
1963	145	923	-
1964	186	933	-
1965	200	998	-
1966	102	1063	-
1967	60	1074	-
* 1968	231	232	1232
1969	265	144	1468

\* On 1st April 1968 charges were abolished for those persons in receipt of supplementary pension or allowance.

### Cremation

During the year 3,381 cremations were carried out. Of this figure 1,720 were in respect of non-borough residents.

Epileptics and Spastics

Incidence: —

Year	Epileptics		Spastics	
	Male	Female	Male	Female
1958 .. .. .	1	—	—	1
1959 .. .. .	1	1	1	7
1960 .. .. .	—	1	1	1
1961 .. .. .	3	1	3	2
1962 .. .. .	3	5	1	2
1963 .. .. .	10	4	3	4
1964 .. .. .	5	2	3	5
1965 .. .. .	10	4	9	2
1966 .. .. .	13	9	3	1
1967 .. .. .	3	7	1	1
1968 .. .. .	19	13	11	5
1969 .. .. .	16	9	14	8
Total number of cases in the Borough (age 0–15 years) known to the Medical Officer of Health at 31/12/69 .. ..	63	45	44	29

Spastics

Maintained in Colonies and Special Homes 2 males, 2 females.

Epileptics

Maintained in Colonies 4 males, 3 females.

Maintained in Part III accommodation provided by the Council 4 males, 2 females.

Briefly, the facilities available under the local health services for the area are as follows: —

Diagnosis, treatment and assessment are available from general practitioners and hospitals. Children under 15 automatically come to the notice of the School Health Service, and this service maintains close supervision over the cases and, where necessary, contacts general practitioners and the hospitals in cases of difficulty. Furthermore, there is a local arrangement whereby the School Health Service contacts the Welfare Department so that they are brought into the picture at an early stage. Responsibility for the liaison between the School Health Service and the Welfare Department has been given to the Senior School Medical Officer, and this arrangement appears to be working quite satisfactorily.

There is excellent co-operation between the School Health Service and the paediatric services of the hospitals.

Services for the Visually Handicapped

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of blind persons on register at 31/12/69	...	...	...	411
New patients added to register during 1969	...	...	...	64
Transfers into the Borough from other areas	...	...	...	4
Number of blind persons reported as having died	...	...	...	39
Transfers out of the Borough to other areas	...	...	...	0
Transfer from Blind to partially Sighted Register	...	...	...	0





# Education, Training and Employment. Age Periods, 16 years and upwards

	Employed					Under-going Training		Unemployed								(n)	(o)	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Trained but unemployed		(i) No Training but Trainable		(j) No Training		(k)	(l)	(m)		
	In Workshops for the Blind	As Approved Home Workers	All Others no included in either (a) or (b)	TOTAL EMPLOYED	No. of Women over 60 and Men over 65 who are employed included in (d)	For Sheltered Employment	For Open Employment	For Sheltered Employment	For Open Employment	For Sheltered Employment	For Open Employment	For Sheltered Employment	For Open Employment	16 - 64 Not available for employment	16 - 64 Not Capable of Work	Not Employed over 65	GRAND TOTAL	No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m)
M. . .	1	1	23	25	-	-	-	1	1	-	2	-	5	4	11	110	161	12
F. . .	-	-	7	7	1	-	-	-	-	-	1	-	-	26	17	219	270	2
TOTAL	1	1	30	32	1	-	-	1	1	-	3	-	5	30	28	329	431	14

## Occupations of Employed Blind Persons

	<i>Mat Makers &amp; Chair Seaters and Basket Makers</i>	<i>Clerks and Typists</i>	<i>Newsagent</i>	<i>Factory Operatives</i>	<i>Massage and Physio-Therapy</i>	<i>Hawkers</i>	<i>Piano Tuners</i>	<i>Packers</i>	<i>Telephone Operators</i>	<i>Other Open Employment</i>	<i>Gardener</i>	<i>Miscellaneous</i>	<b>TOTAL</b>
Within Workshops for the Blind . . .	1	-	-	-	-	-	-	-	-	-	-	-	1
In Approved Home Workers Schemes . .	1	-	-	-	-	-	-	-	-	-	-	-	1
Others not Pastime Workers . . .	-	8	-	6	-	1	-	1	1	10	-	3	30
<b>TOTAL . . .</b>	<b>2</b>	<b>8</b>	<b>-</b>	<b>6</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>-</b>	<b>3</b>	<b>32</b>

# Physically and Mentally Defective and Mentally Disordered—All Ages

	(a)	(b)	(c)	(d)	(e)	(f)	Not included in (a) to (f) but combination of:					TOTAL
	<i>Mentally ill</i>	<i>Mentally Sub-Normal</i>	<i>Physically Defective</i>	<i>Deaf without Speech</i>	<i>Deaf with Speech</i>	<i>Hard of Hearing</i>	(b) and (f)	(c) and (e)	(a) and (e)	(a) and (f)	(b) and (c)	
M. ..	1	3	7	—	2	4	—	—	—	—	1	18
F. ..	3	6	8	—	4	7	—	—	—	1	—	29
TOTAL	4	9	15	—	6	11	—	—	—	1	1	47

## Blind Persons age 16 and upwards—resident in

	<i>Residential Accom. provided under Part III of the 1948 Act, viz : Section 21</i>		<i>Other Residential Homes</i>	<i>Mental Hospitals</i>	<i>Chronic Wards of Hospitals</i>	<b>TOTAL</b>
	<i>Homes for the Blind</i>	<i>Other Homes</i>				
M. ..	6	—	1	2	4	13
F. ..	14	9	5	5	14	47
<b>TOTAL</b>	20	9	6	7	18	60

## Miscellaneous Information—Number of

Social Centres .. .. .	1
Handicraft Classes .. .. .	1
Special Classes and Socials for the Deaf-Blind .. .. .	1
Persons newly employed in open industry during the year .. .. .	1
Persons discharged from open industry during the year .. .. .	—
St. Dunstaners .. .. .	4

## Blind Persons Registered as New Cases (not transfers) during the Year —Age at Date of Registration

	0—	1—	2—	3—	4—	11—	16—	21—	30—	40—	50—	60—	65—	70+	Total
M. ..	1	—	—	—	—	—	—	—	1	—	3	1	2	21	29
F. ..	—	—	—	—	—	—	—	—	—	—	1	2	4	28	35
TOTAL	1	—	—	—	—	—	—	—	1	—	4	3	6	49	64

## Blind Persons Registered as New Cases (not transfers) during the Year —Age at Onset of Blindness

	0—	1—	2—	3—	4—	5—	11—	16—	21—	30—	40—	50—	60—	65—	70+	Total
M. ..	1	—	—	—	—	—	—	—	1	1	—	2	2	2	20	29
F. ..	—	—	—	—	—	—	—	—	—	—	1	4	2	4	24	35
TOTAL	1	—	—	—	—	—	—	—	1	1	1	6	4	6	44	64



The Local Authority employs a supervisor, Six Social Welfare Officers for the Visually Handicapped holding the qualification of the College of Teachers of the Blind, and one trainee Social Welfare Officer.

Every effort is made to discover and assist any new cases of visual handicap. Home visiting, casework and practical help is given to all the blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the deaf-blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of dog licences, omnibus passes, talking book machines and many other aids.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Rycote, Kedleston Road, where instruction is given in pastime occupations, and a game of dominoes, cards or draughts may be enjoyed. A full programme of talks, visits and entertainment, etc., is provided. Transport is provided to the Centre when essential.

The sitting room at the Centre is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many hours, and on Tuesday afternoons taped news readings are given. An instruction class in Old Tyme Dancing is held on Thursdays, along with other social and group activities.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing, Moon reading, sea-grass seating, cane seating, rug making, hand knitting, bead work, straw plait work, string bag making, etc. Some of the people join in an industrial work group which is provided for those under retiring age.

A qualified Mobility Officer teaches his subject to suitable people, including the use of the long cane. This encourages them to go out alone. A course of training consists of 1 hour per day for about 3 months.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the annual outing and Christmas dinner party, which are provided by the Local Authority.

Provision is also made for an annual handicapped persons' holiday of one week, which is taken collectively and under the supervision of the Welfare staff. In this way much pleasure has been given to many people who would otherwise never have left their home town, and as more than half the cost is borne by the Welfare Committee, the charge is definitely within the reach of all concerned.

Another additional service for the blind takes the form of a fortnightly Chiropody Clinic, which is held at our Social Centre on the chosen days from 9-00 a.m. to 5-00 p.m. The Chiropodist attending allows approximately half an hour for each patient, and the sessions are always fully booked. We are grateful to him for only making a charge of 4/- per person which covers any treatment that may be considered necessary at the time of appointment.

Registration of blind persons is carried out in conjunction with the Ophthalmologists, which is in accordance with the requirements of the Department of Health and Social Security, Form B.D.8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend in person, arrangements are made for the Ophthalmologist to visit them in their homes.

The same services are available to persons on the Register of the Partially-Sighted, particularly to those who are considered by the Ophthalmologist to be likely to go blind. Others, when it is considered appropriate, are included in the provision of Welfare services for the Physically Handicapped.

Low Visual Aids are now available through the Eye Department of the Derbyshire Royal Infirmary and are proving of great value to a number of persons with certain types of visual defect.

A selection of novels, some suitable for children, which are printed specially for people with poor vision in larger than normal type, are now available for loan through the normal library services of the Corporation.

Those who can read Braille or Moon type can receive books free of charge and post free from the National Library for the Blind, to whose funds the Welfare Committee contribute.

We are grateful to all who have assisted during the year by bringing to our notice people with severe sight defects and wish to point out that we are not only interested in those who are in financial difficulties through their disability. There are many ways in which our knowledge can assist those whose sight has failed or is failing and we are always glad to hear of them. Registration as a blind or partially-sighted person is, of course, quite voluntary.

We should like to stress the point that to be registered as "blind" does not mean that a person has to be, or is likely to become, totally blind. In fact a large proportion of people who are registered as "blind" have a limited degree of vision although they are, nevertheless, severely handicapped.

**Follow-up of Registered Blind and Partially Sighted Cases**

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Other
(a) No treatment:— 47 .. .. .	11	15	—	21
(b) Treatment (medical, surgical or optical):— 35 .. .. .	12	8	—	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.— 21 .. .. .	—	7	—	14

**AMBULANCE SERVICE**

REPORT BY MR. C. V. ROBERTS, DIRECTOR OF PUBLIC CLEANSING AND TRANSPORT MANAGER.

**Use of Service**

The number of cases carried during the year has increased by 5.8 per cent due mainly to the extension of the Borough and this has resulted in a 12.3 per cent increase in mileage.

**Vehicles**

The fleet at 31st December, 1969, consisted of nine ambulances, eleven dual purpose vehicles, and a sitting case car.

## Personnel

The staff was one Superintendent, one Deputy Superintendent, five Station Controllers, two Clerk/Telephonists and fifty five Ambulance Drivers.

## Patients Carried

			<i>Ambulances</i>	<i>Sitting Case Vehicles</i>	<i>Total</i>
Emergency calls	...	...	3,388	277	3,665
Other cases	...	...	38,428	76,607	115,035
			<hr/>	<hr/>	<hr/>
			41,816	76,884	118,700
			<hr/>	<hr/>	<hr/>

## Mileage

			<i>Ambulances</i>	<i>Vehicles Sitting Case</i>	<i>Total</i>
With patients	...	...	150,971	174,277	325,248
Other journeys	...	...	3,453	21,441	24,894
			<hr/>	<hr/>	<hr/>
			154,424	195,718	350,142
			<hr/>	<hr/>	<hr/>

## Co-operation, etc

I am glad to place on record my appreciation of the valuable assistance of members of the British Red Cross Society and St. John Ambulance Brigade, who acted as escorts for some of the long-distance journeys by public transport.

Ready co-operation and help have also been given by hospitals, doctors, other ambulance authorities, and the staff of British Rail.

## PUBLIC SWIMMING BATHS

REPORT BY MR. N. G. RUSHTON, GENERAL MANAGER.

Derby swimming and bathing requirements are fairly well catered for, although in recent years statistics show an increasing demand for this form of recreation. The facilities at present in the two bathing establishments are:—

### Reginald Street Baths

Built 1904, comprising:—

1. Swimming bath, 100 ft. by 30 ft.
2. Turkish and vapour bath.
3. Sun-Ray Treatment.
4. 24 Slipper Baths.
5. Establishment laundry.



# Queen Street Baths

Built 1932, comprising: —

- 1. Gala swimming bath, 100 ft. by 40 ft.
- 2. Family swimming bath 100ft. by 32 ft.
- 3. Teaching swimming bath, 60 ft. by 24 ft.
- 4. Finnish Sauna bath.
- 5. Sun-Ray Treatment.
- 6. 36 Slipper baths.
- 7. Establishment laundry.

The Swimming bath water is a blend of Derwent Valley and Little Eaton supplied by the South Derbyshire Water Board.

In both establishments the bath water is constantly being filtered and sterilized. Purification and sterilization are obtained by automatic control of dosing with the necessary chemicals, i.e. liquid Chlorine, alkalinity and aluminium sulphate, this keeps the water in all pools in a clear sparkling condition.

To ensure the pool water is chemically safe, samples are taken every two hours and are analysed by trained operators for: —

- 1. Ch'lorine residual.
- 2. Ph value.
- 3. Bi-carbonate alkalinity.

“Breakpoint” chlorination is constantly maintained ensuring the immediate extermination of all bacteria, together with clear sparkling and attractive water and odour free bath halls.

During 1969/70 the following attendances were recorded at the various baths establishments: —

Total attendances ...	...	...	...	...	...	...	843,486
Number of swimmers ...	...	...	...	...	...	...	728,573
Swimming lessons ...	...	...	...	...	...	...	69,675
Slipper Baths ...	...	...	...	...	...	...	96,020
Turkish and Vapour baths ...	...	...	...	...	...	...	10,441
Sauna baths ...	...	...	...	...	...	...	6,362
Sun Ray ...	...	...	...	...	...	...	2,090

# X—ENVIRONMENTAL HEALTH

BY MR. R. DAVIES, CHIEF PUBLIC HEALTH INSPECTOR.

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## GENERAL

The Public Health Inspectors section is concerned with a wide and varied range of environmental problems—from slum clearance to food control, from atmospheric pollution to offices and shops inspection etc. Over the years, our experience and training in these varied aspects of what were once routine duties has led to a changed approach to our work—ordinary simple everyday inspection has been replaced by more mature appraisal, advice and education, and national recognition has been shown to those of our profession who have specialised and become experts on certain environmental aspects such as smoke control, housing administration, noise abatement, etc. The status of the Public Health Inspector is higher now than it has ever been, yet at this period of proposed Local Government re-organisation, the suggestion of fragmentation and splitting up of our traditional duties and responsibilities into different departments in the new pattern of environmental service is the cause of considerable concern to the profession, particularly the younger members. There is a wide fear that this possibility may come about through the inability to appreciate that the problems of food protection, slum clearance, housing improvements, smoke control etc. cannot each be considered in isolation, but as an integral part of the general environment as a whole, and not mere ends in themselves. As we enter the 70's the problem of the Public Health Inspector will be how to maintain and preserve the identity of his profession, and how to ensure that his special skill, knowledge and expertise are utilised to best effect so that he takes his rightful place in the general environmental management and control. Thanks to the increasing publicity of television, press and radio, environmental pollution would appear to be a major issue of the future, and rightly so, but it is to be hoped that the mind of the public will not assess the quality of its environment solely in terms of pollution to the detriment of the better and improved amenities and conditions which are provided year after year as the general standard of living rises.

The introduction of the Housing Act, 1969, was probably the most important piece of new legislation to affect the department during the year. It does not replace the other Housing Acts but is an extension and complementary to them. One of the main intentions of the Act is to improve those houses which are not yet ready for inclusion in slum clearance programmes and also to increase the rate of improvement. Incentives are provided by the increased grant provisions, the removal of conditions of re-sale and the additional income from the considerable increase in rents by the issue of qualification certificates. Emphasis is also placed on improvement areas which obviously appeals to Local Authorities, but I feel it is regrettable that the Government has omitted to provide the necessary equipment—compulsion—to deal with the obstructor, and it may well be that this lack of compulsory powers will make it very questionable whether effectively significant and rapid progress will be made in the improvement field, except possibly in the improvement of pre-war council estates.

The smoke control programme was able to proceed during the year without interruption to its schedule and the Allestree Order covering more than 4,000 houses was confirmed, and the Chellaston Order, involving more than 5,000 houses was submitted to the Minister for confirmation. In addition four earlier Orders No's 14, 15, 16 and 17 came into operation on the 1st November.



It is now 16 years since the publication of the Beaver Report and the continued uncertainty and absence of assurances by the Solid Smokeless Fuels Federation about future supplies is causing considerable concern throughout the country. This was very forcibly demonstrated by members from all parts of the country at the Public Health Inspectors Conference at Eastbourne. If one accepts the fact that solid smokeless fuel is merely a transitional stage in the civilized progress from the old fashioned burning of coal to the economic and controlled use of heat from "piped" fuels such as gas, oil or electricity, it may well be that the disappearance of solid fuel from the market may be nearer than has been anticipated. The fact that coal has been our one indigenous fuel has always appealed to our national sympathies, but now that we have an alternative indigenous fuel—North Sea Gas—flowing in ever increasing quantities and in abundant supply, this puts a new aspect on this problem altogether and may well influence our approach to smoke control in the forthcoming years.

Being fortunate enough to retain a full establishment of Inspectors throughout the year, a thing unknown for very many years previously, regular and sustained attention was paid to premises where all forms of food were handled, or prepared or sold. The food handler is obviously the most important factor in preventing food infection, and unless his standards and sense of food hygiene are good, then these would be reflected in the state of cleanliness of the premises and the quality of the food. It would be fair to say, however, that the general standard of food hygiene in the Borough does show a continued upward trend of improvement, though this does not allow any room for smug complacency because there are still a number of cases where improvement is required, and any relaxation in our regular visitation and supervision could quickly lead to a lowering of hygienic standards with all the consequential effects. I would emphasise, therefore, that although general progress is being made, as long as we have any instances of physically dirty conditions and poor handling methods in any food premises, no slackening of effort must be allowed in our effort to achieve overall best conditions. Whilst it is obviously the duty and responsibility of the Council's Officials to enforce and maintain hygienic requirements, many unsatisfactory conditions especially in food handling, are seen every day by the public. Unfortunately this is very rarely done because most people are reluctant to make on the spot protest and thus condone and accept unsatisfactory service.

Work under the Offices and Shops Act continued to make good and sustained progress during the year and re-inspections revealed a high degree of co-operation, by owners and occupiers, in respect of compliance with notices served for contraventions found on initial inspection. The section of the Act which continues to cause some concern is that relating to accident. Seemingly trivial items of disrepair such as defective floor covering or stair treads continue to contribute to regular accident notifications. The lifting and dropping of heavy loads by both male and female employees also cause a considerable number of accidents which would seem to indicate a lack of care and attention. The number of man hours lost during the year throughout the country by these seemingly trivial accidents must assume tremendous proportions and one wonders whether a sustained nationwide campaign is called for to keep both employers and employees informed as to what needs to be done and what can be done to avoid such accidents. Maybe intervention and pressure by the relevant Trade Unions could contribute an important part in bringing about such action.

An interesting point arose during the year in connection with a chain of men's hairdressers operating in the Borough. The owner ceased to employ assistants in these premises and instead each assistant paid a rent for the use of a chair and



retained the income derived therefrom. As such they became self-employed and the protection of the Offices and Shops Act was denied to these persons. The reason for this is undoubtedly due to taxation, but would point to the need for consideration in any future amendments to the Act.

A feature of the summer months was the abnormally large number of complaints received by the Department of wasp nests in private dwellings which were found in such widely varied places as roof spaces, cavity walls, under floor boards, bay windows, coal cellars, garden rockeries, compost heaps, fruit trees etc. Accessibility in some cases was not easy and the removal and destruction of the nests was achieved only after some difficulty and resourcefulness on the part of the operator concerned. Similarly there was an exceptionally large number of the usual seasonal complaints of ant infestation from domestic premises which were dealt with in the usual way by the department which provides a free service for such complaints. This free service obviously seems to attract and encourage these complaints of ants and wasps etc. to the department, but in providing such a service, are we discouraging any sense of initiative and self dependence by the householder in such matters because in many cases the infestation was found to be so slight that it could, and should, have been dealt with by the complainant himself with only the minimum of effort?

In previous reports I have referred to an increasing number of pigeons in various locations in the town and the general nuisance and damage caused by them and also the potential risk to health. During the year exercises were carried out to remove a number of colonies of pigeons which were causing a nuisance and damage to prominent properties in the town. Considerable success was achieved by narcotic baiting though public reaction in some cases was not entirely appreciative.

Rodent control was effectively maintained throughout the year but some difficulty was experienced at times due to inability to maintain a full rodent control staff. With the considerable increase in area of the newly extended Borough the distances to be travelled increased in proportion and as it was often difficult to acquire mobile staff, the time spent on dealing with complaints in the outlying areas restricted the number of treatments carried out per day. Slum clearance and re-development presented special problems. Demolition of property invariably led to dispersal of rats, usually due to the breaking and ineffective sealing off of drains. Often after condemned properties have been vacated and before they have been demolished, vandals move in and smash W.C. basins leaving exposed open ends of drains with the inevitable escape of sewer rats into the area. Redevelopment schemes also brought its rodent problems. New housing estates, sometimes built on cleared land, suffered infestations from rats escaping from improperly sealed drains and old surrounding buildings. Other estates built on agricultural land suffered similar infestations from the resident rural rat population who seized upon the opportunities provided by the contractors moving in and erecting wooden huts, by burrowing into comfortable new homes under these huts from which they were supplied with ample food from the scrap thrown away each day by the workmen employed on the sites during the construction of the houses; there would be numbers of partly completed floors to get under. Cavity walls and half finished drains, all providing every convenience for the invading rat population.

With this ever present danger on all our redevelopment sites, it is more necessary than ever that our modern methods of construction should be accompanied by first class workmanship. For example modern building practice, unlike pre-war, requires that drains and soil pipes, in order to protect them from the elements and to improve the external appearance shall be carried inside the wall

of the property with other pipes in a suitable duct system. This is satisfactory only if the workmanship is sound. A bad joint could provide an open invitation to rats to escape into the roof space, get under bedroom floors, into cavity walls with a free run through a whole block of property. During the year a considerable amount of time was invariably spent on the new development sites dealing with such infestations as stated and indications are that this will be our normal practice while redevelopment continues.

In previous reports I have also made reference to the rapidly increasing number of laundrettes within the Borough with their accompanying problems. These continue to give concern primarily because planning legislation provides no hindrance to their establishment in any locality. When premises formerly used as shops opening from 9-00 a.m. to 5-30 p.m. are converted into laundrettes there is invariably dissatisfaction to nearby residents even if no nuisance in the statutory sense of the word exists. Where there is a party wall between the laundrette and a dwelling, noise and vibration from machines inevitably becomes obtrusive. Vehicles coming and going up to 10 o'clock at night (or later) add to the disturbance. Whilst little can be done to prevent the establishment of laundrettes in what would seem to be inappropriate environmental circumstances it can be said however, that there would seem to be a greater consciousness on the part of the people interested in the creation of these places, for a closer liaison and co-operation with the Local Authority prior to setting up these businesses. Plans are usually submitted for examination and approval, and from this many potential nuisances are avoided. In particular, concern is always felt as to the proper exchange of perchlorethylene vapour used in the process, and suggestions that vents should be carried up inside a building, especially where there is a dwelling above, are strongly resisted. For preference these undertakings need to be in detached buildings which do not include residential accommodation.

The year has been one of general consolidation by the Department of the work of the previous year, the first of the enlarged borough. The intensity of work has been maintained at a continued high level and I would express my sincere thanks to the inspectorial, technical and clerical staff for their loyal support and co-operation throughout a strenuous year. I would extend my thanks also to the Chairman of the Health Committee for his forceful drive and enthusiasm and his keen interest in the department, together with my appreciation of the assistance and support throughout the year shown by all members of the Committee. I would acknowledge also the co-operation and good relationship which exists between the Public Health Inspectors' section and other sections of the Health Department and also other departments of the Corporation.

## HOUSING

### Slum Clearance

Representations proceeded at a steady pace which was matched in the Housing Department by families being rehoused without undue delay.

Public enquiries, an essential feature of the democratic approach to the legal procedure whereby a person is compulsorily deprived of his property, without in many cases receiving the true value, occurred at regular intervals. Despite the promise, in the Housing Bill, of market value compensation for owner occupiers, it was found that the number of objections received actually increased. Many of the objections were formal only and were either withdrawn at the last minute or were not argued in the inquiry—nevertheless the necessary principal ground



notices and evidence had to be prepared. In view of the time wasted it seems regrettable that this sort of thing occurs so frequently but there seems little one can do about it, and perhaps one should take the view that it is an essential part of the freedom of the individual to challenge the bureaucratic machine.

## House Improvement

Applications for Standard Grant continued to be made at the rate of about 250 per annum but following the Housing Act, 1969 there has been considerably more interest in the conversion of larger houses into two or more self-contained flats and there is no doubt that removing the conditions relating to sale and rent contributed probably more than the raising of the grant limits to this happier state of affairs.

## Improvement Areas

In my report for 1968 I referred to the fact that an area of nearly 400 houses had been proposed as a pilot scheme to proceed under the powers promised in the Housing Bill. In the event, at the end of 1969 we still had not reached the stage of official declaration of the improvement area but hoped to do so within a further month or two.

A working party, consisting of officers of the Town Clerk's, Treasurer's, Planning, Engineer's, Architects, Parks and Estates Departments and ourselves had been set up and many meetings were held, a number of which were attended by representatives from the Regional Office of the Ministry of Housing and Local Government.

The area selected, Chester Green, contains a disused railway line which is already on offer to the Council, in addition to a large centrally situated recreation ground. The houses were built about 1890 and roughly two thirds were in owner occupation and one third tenanted. Some 60 houses are without any standard amenities and approximately 80 lack one or more of the standard amenities.

The area offers many opportunities for environmental improvement, in fact the projected removal of the railway embankment offers almost an embrassment of schemes which would be very beneficial to the inhabitants of the area.

Two very successful public meetings were held which were followed by house to house visits by public health and planning staff in order to obtain comments in detail from individual occupiers. There is no doubt whatsoever that very great interest has been stimulated in the overall scheme and we in this office are hoping that individual owners and tenants can now be persuaded to go ahead with the improvement, or further improvement, of their houses.

## House Purchase and Housing Acts, 1959—1969

### Improvement Grants

#### STANDARD GRANTS.

1. No. of applications approved:—

(a) Owner-Occupier 178.

(b) Tenanted Houses 69.

2. No. of dwellings improved:—

(a) Owner-Occupier 127.

(b) Tenanted Houses 95.



3.	Amount paid in grants	£24,423 0s. 0d.	
4.	Average grant per dwelling	£110. 0s. 3d.	
5.	Amenities provided:—		
(a)	Fixed bath or shower	... ..	167
(b)	Wash hand basin	... ..	194
(c)	Hot water to any fittings	... ..	207
(d)	Water closets (1) within the dwelling	... ..	214
	(2) accessible from the dwelling	... ..	—
(e)	Food store	... ..	157

#### DISCRETIONARY GRANTS.

##### *Improvements.*

- No of applications approved 4.
- No of applications rejected 1.
- No. of dwellings improved (a) Owner-Occupied —.  
(b) Tenanted —.
- Amount paid in grants for improvement of dwellings —.
- Average grant paid per improved dwelling —.

##### *Conversions*

- No of applications approved 2.
- No of applications rejected —.
- No of dwellings provided by conversions 3.
- Amount paid in grants for conversions £1,200.
- Average grant per dwelling provided £400.

#### Housing Acts, 1964 & 1969

##### Improvement Areas

Number of areas surveyed	... ..	1
Number of areas declared	... ..	—
Number of houses improved (full standard) during the year	... ..	15

##### Dwellings outside Improvement Areas

1.	Number of representations made by tenants	... ..	14
2.	Number of preliminary notices served	... ..	14
3.	Number of undertakings accepted	... ..	—
4.	Number of immediate improvement notices served	... ..	9
5.	Number of such dwellings improved (a) full standard	... ..	6
	(b) reduced standard	... ..	—

#### Circular No. 54/55 of Ministry of Housing and Local Government

##### Advice to Intending House Purchasers

As a result of the above circular and official notices in the local press, 10,720 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.

## Housing Act, 1957

### Beyond Repair (Individual Houses)

Number of undertakings accepted (Section 16) ... ..	—
Number of closing orders made (Section 17) ... ..	5
Number of demolition orders made (Section 17) ... ..	11
Number of closing orders made (Section 18) ... ..	1
Number of houses demolished following demolition orders ... ..	2
Number of people displaced (a) individuals ... ..	12
(b) families ... ..	6

### Clearance Areas

Represented during year: —

1. Number of areas ... ..	9
2. Houses unfit for human habitation ... ..	186
3. Houses included by reason of bad arrangement, etc. ... ..	—
4. Number of people to be displaced ... ..	408

Action taken during the year: —

1. Houses demolished by local authorities or owners	
(a) unfit ... ..	342
(b) others ... ..	22
2. Number of people displaced	
(a) individuals ... ..	723
(b) families ... ..	256

## Rent Act, 1968

### Applications for Certificate of Disrepair

1. Number of applications ... ..	3
2. Number of decisions not to issue certificate ... ..	1
3. Number of certificates issued ... ..	2
4. Number of undertakings given by landlords under paragraph 5, first schedule ... ..	—
5. Number of undertakings refused by local authority ... ..	—

### Applications for Cancellation of Certificate

1. By landlords to local authority for cancellation ... ..	1
2. Objections by tenants to cancellation ... ..	—
3. Certificate cancelled by local authority ... ..	1

### Houses in Multiple Occupation

1. Total number of houses known to be in multiple occupation ...	221
2. Number of houses on which notices of intention have been served for	
(a) Management Orders (Section 12) ... ..	—
(b) Directions on overcrowding (Section 19) ... ..	71
3. Number of houses on which have been made	
(a) Management Orders ... ..	—
(b) Directions on overcrowding ... ..	11

4.	Number of notices served	
(a)	to make good neglect of proper standards of management (Section 14) ... ..	6
(b)	to require additional services or facilities (Section 15) ...	24
(c)	where work has been carried out in default ... ..	—
5.	Number of prosecutions since passing of Housing Act, 1961, in respect of	
(a)	Management ... ..	5
(b)	Directions ... ..	32
(c)	Overcrowding (Section 90, Housing Act, 1957) ... ..	—
6.	Number of control orders made (Housing Act, 1964) ... ..	—
7.	Number of control orders terminated ... ..	—

The following information is supplied by MR. E. H. GREGORY,  
DIRECTOR OF HOUSING.

### Number of Dwellings provided by Derby Corporation and let on weekly tenancy

#### HOUSING STATISTICS AT 31ST DECEMBER, 1969

Total Number of Dwellings ... ..	21,211
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#### Classification: —

Bed Sitters ... ..	54
One Bedroom ... ..	1,723
Two Bedrooms ... ..	4,802
Three Bedrooms ... ..	14,410
Four Bedrooms ... ..	222

Number of additional purchased properties let on weekly rental ...	44
Number of Dwellings built in 1969 for Derby Corporation ...	517
Number of Dwellings sold to tenants by Derby Corporation ...	55
Number of Dwellings previously let on weekly tenancy by Derby Corporation, demolished for various reasons ... ..	19
Number of Dwellings built by other persons or bodies in 1969 ...	626

### INSPECTIONS AND NOTICES

The Department received 2,047 complaints during the year, chiefly relating to housing disrepair and 4,196 visits and inspections were made.

#### COMMON LODGING HOUSES

Number on Register ... ..	3
Number of rooms registered for sleeping ... ..	38
Number of lodgers provided for ... ..	259

#### OFFENSIVE TRADES

The following offensive trades are carried on in the Borough: —

Rag and Bone Dealer ... ..	3
Tripe Boiler ... ..	1



## ATMOSPHERIC POLLUTION

During 1969 the Allestree Order, covering more than 4,000 houses was confirmed by the Minister of Housing and Local Government, the Chellaston Order covering more than 5,000 houses was made by the Council and submitted for confirmation, and four orders Nos. 14, 15, 16, 17 covering Alvaston and parts of Pear Tree Ward came into operation on 1st November, 1969.

It was with considerable surprise and concern that it was found, at about this time, that demand for solid smokeless fuels had virtually reached saturation point. A variety of reasons were given for this, the repetition of which will serve no practical purpose, and Local Authorities were asked to pitch operative dates of future orders later than 1st April, 1971 and to consider deferring the operative dates of orders confirmed, but not so far operative, beyond that date.

Superimposed upon this there is evidence of problems in distribution. Significant numbers of smaller merchants seem in the past to have relied almost entirely upon the main fuel made by the Gas Boards (Gloco) for their sales of solid smokeless fuels. With the withdrawal of this fuel these merchants find it difficult to obtain supplies of premium fuel which have all been taken up by other merchants who fairly clearly were giving a fuller service and who have been proved wiser by events.

By the time this report is published consideration of fuel supplies for yet another winter will be requiring attention.

Whilst there is every assurance that supplies will be sufficient two conditions will almost certainly apply, namely.

1. Customers cannot necessarily expect to have the particular brand of smokeless fuel which they have ordered on each occasion.
2. People requiring smokeless fuel will need to be selective in choosing their suppliers.

Discussions have taken place with the suppliers and distributors. Contact will be maintained and it is hoped that arrangements will be made to ensure that householders do not have undue difficulty in obtaining supplies provided that reasonable notice is given when ordering.

### Measurement of Atmospheric Pollution

Figures for the Standard Grit Deposit Guages are as follows: —

DAILY VOLUMETRIC FILTER READINGS

STANDARD GRIT DEPOSIT GAUGE READINGS, 1969

	JAN.		FEB.		MAR.		APR.		MAY		JUNE		JULY		AUG.		SEPT.		OCT.		NOV.		DEC.	
	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
	131	203	98	226	109	155	134	146	184	285	133	159	81	171	108	165	80	155	80	126	91	151	76	145
Central Bus Station	54	114	55	156	25	39	53	89	176	191	77	102	57	117	48	80	40	83	30	74	38	86	46	108
Markeaton Park	125	212	122	270	165	223	147	181	193	299	110	153	77	97	92	115	83	152	85	149	73	136	95	187
Technical College	98	170	84	217	118	152	113	129	139	266	84	115	94	122	90	120	65	141	87	137	96	138	116	184
B.R. Staff College	114	192	69	166	67	102	103	127	123	181	78	94	81	-	41	58	54	110	77	114	104	188	80	135
E.M.C.B. Pump House	105	186	120	252	177	211	159	208	253	287	138	187	112	136	79	114	82	157	43	77	62	121	99	135
City Hospital	127	198	215	375	188	285	121	138	181	239	112	171	85	98	78	96	85	166	72	123	101	161	106	182
C.W.S. Warehouse																								

1 = Total Undissolved Matter  
2 = Total Solids

RESULTS IN MICROGRAMMES PER CUBIC METRE

		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
S M O K E	MAX	RR PT NC VR	295 404 204 260	295 400 200 235	220 738 540 590	115 310 178 215	118 69 114	80 46 112	56 40 50	61 45 84	322 263 230	320 210 305	422 250 445
	MIN	RR PT NC VR	56 113 15 32	35 59 10 50	15 75 38 33	10 33 5 59	31 14 15	25 7 21	11 3 10	12 6 9	37 12 48	50 4 63	44 18 14
	AV	RR PT NC VR	119 200 93 125	141 199 89 144	52 179 105 214	54 115 50 105	73 34 64	40 22 58	29 15 30	27 32 30	113 64 107	128 57 123	211 110 148
S U L P H U R	MAX	RR PT NC VR	1370 420 269 340	2940 520 380 435	2360 720 580 425	606 325 270 255	192 162 178	162 130 110	170 140 124	132 121 131	255 216 200	526 222 223	355 370 470
	MIN	RR PT NC VR	62 68 67 28	103 58 48 24	180 97 73 30	62 50 32 56	43 41 47	39 33 41	18 13 33	21 14 20	35 36 35	62 32 44	99 47 45
	AV	RR PT NC VR	278 220 159 128	550 232 165 176	1010 214 172 127	263 154 105 107	111 91 80	82 65 69	60 47 55	58 40 51	126 102 83	150 106 118	205 156 135

KEY: R.R. Rolls-Royce Foudry Site Osmaston Road, (Rolls-Royce discontinued at end of April 1969).  
PT. Peartree Police Station.  
NC. Normanton Clinic.  
VR. 97 Victory Road.

## THE NOISE ABATEMENT ACT, 1960

The Noise Abatement Act is ambiguous and unspecific insofar as it is so lacking in definite standards. Implementation is not easy as the assessment of nuisance from noise is most difficult to determine. What is quite intolerable to one person often has no effect on another. Investigation in a number of complaints revealed that what one person alleged was a definite nuisance, the next door neighbour found to be no inconvenience at all. Again it was found that sounds which most people would ignore in the industrial area of the town would disturb a residential suburb or rural area at night. Complaints received during the year varied from barking of dogs, cooing of pigeons in domestic premises, to the whining of extractor fans and steam presses in factories. Some complaints were frivolous, others genuine. All were investigated and informal action and consultation generally brought about a satisfactory solution.

## FACTORIES ACT, 1961

There are 582 mechanical and 49 non-mechanical factories including bake-houses, at present on the Register.

A summary of the particulars in compliance with Section 153 (i) of the Factories Act, 1961, is shown in the following tables.

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power .. .. .	9	—	—
Factories with mechanical power .. .. .	143	—	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises) .. .. .	7	—	—
<b>TOTAL .. .. .</b>	<b>159</b>	<b>—</b>	<b>—</b>

## Defects Found

Particulars	Number of Defects				Number of Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp.	By H.M. Insp.	
Want of cleanliness .. .. .	—	—	—	—	—
Overcrowding .. .. .	—	—	—	—	—
Unreasonable temperature .. .. .	—	—	—	—	—
Inadequate ventilation .. .. .	—	—	—	—	—
Ineffective drainage of floors .. .. .	—	—	—	—	—
Sanitary Conveniences—					
(a) insufficient .. .. .	—	—	—	—	—
(b) unsuitable or defective .. .. .	1	1	—	—	—
(c) not separate for sexes .. .. .	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work) .. .. .	—	—	—	—	—
TOTAL .. .. .	1	1	—	—	—



## Offices, Shops and Railway Premises Act, 1963

The number of premises registered at the end of the year was 1,984 compared with 1,903 at the end of 1968. There were 187 additions to the register and 106 deletions, mainly due to premises changing ownership and found during the course of re-inspections. The number of persons employed in registered premises increased during the year from a total of 17,837 to 19,898.

During the year 1,288 visits were made to registered premises in connection with the enforcement of the Act and 611 letters were sent pointing out contraventions of the Act. A summary of the contraventions found during visits is appended below:—

Cleanliness	...	...	...	...	...	...	107
Temperature	...	...	...	...	...	...	151
Ventilation	...	...	...	...	...	...	37
Lighting	...	...	...	...	...	...	34
Sanitary Conveniences	...	...	...	...	...	...	120
Washing Facilities	...	...	...	...	...	...	102
Clothing Accommodation	...	...	...	...	...	...	32
Sitting Facilities	...	...	...	...	...	...	2
Eating Facilities	...	...	...	...	...	...	1
Floors, passages and stairs	...	...	...	...	...	...	120
Fencing exposed parts machinery	...	...	...	...	...	...	1
First Aid	...	...	...	...	...	...	145
Other matters	...	...	...	...	...	...	232

57 accidents were reported during the year as required by Section 48 of the Act. These were mainly due to falls of persons and accidents occurring during handling of goods.

### SEWERAGE

The following information is supplied by MR. W. G. PENNY,  
BOROUGH ENGINEER AND SURVEYOR.

So far as the arrangements for sewerage and sewage disposal are concerned, a scheme for the relief of Mickleover Sewage Disposal Works is at Loan Sanction stage and with the Ministry of Housing and Local Government. Other Contracts connected with the relief of the Littleover and Sinfin areas have been let and construction is in progress. What is most urgently needed is relief in the Chellaston area, and a scheme is being prepared for the construction of a new gravity outfall sewer from Chellaston to the Borough's Sewage Disposal Works at Spondon. This will enable the inadequate, out of date, sewage disposal works at Chellaston to be abandoned. At the moment, no development is being allowed to take place at Chellaston and the outside districts of Barrow-on-Trent and Swarkestone, due to the condition of the sewerage and sewage disposal arrangements at Chellaston.

Concerning trade effluents, the work of sampling and investigation has still been continued. There are now 101 separate accounts consisting of 91 Consents and 9 Agreements (Sinfin A and Sinfin B being under 1 Agreement), involving 86 separate firms or establishments. Six Accounts have been lost during the year, i.e. firms and farms which have closed down.

## New Sewers laid during the year

### Broadway

9" Surface Water	...	...	...	...	...	170 lin. yds.
------------------	-----	-----	-----	-----	-----	---------------

### St. Alkmund's Way

9" Foul	...	...	...	...	...	350 lin. yds.
12" Foul	...	...	...	...	...	300 lin. yds.
24" Foul	...	...	...	...	...	169 lin. yds.
9" Surface Water	...	...	...	...	...	805 lin. yds.
12" Surface Water	...	...	...	...	...	310 lin. yds.
15" Surface Water	...	...	...	...	...	895 lin. yds.

### Austin Estate Street Re-drainage

6" Surface Water	...	...	...	...	...	156½ lin. yds.
9" Surface Water	...	...	...	...	...	932 lin. yds.
12" Surface Water	...	...	...	...	...	629 lin. yds.
15" Surface Water	...	...	...	...	...	67 lin. yds.
18" Surface Water	...	...	...	...	...	200 lin. yds.
24" Surface Water	...	...	...	...	...	230 lin. yds.
30" Surface Water	...	...	...	...	...	136½ lin. yds.
42" Surface Water	...	...	...	...	...	153 lin. yds.

## Manholes Constructed

### Broadway

Surface Water	...	...	...	...	...	2
---------------	-----	-----	-----	-----	-----	---

### Alvaston Tip

Foul Sewer	...	...	...	...	...	1
------------	-----	-----	-----	-----	-----	---

### Stenson Road

Foul Sewer	...	...	...	...	...	1
------------	-----	-----	-----	-----	-----	---

### St. Alkmund's Way

Foul Sewer	...	...	...	...	...	10
Surface Water	...	...	...	...	...	15

### Austin Estate Re-drainage

Surface Water	...	...	...	...	...	30
---------------	-----	-----	-----	-----	-----	----

## Sewers Cleaned Out

Total Length	...	...	...	...	...	6,730 lin. yds.
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## Manholes Cleaned Out

Total	...	...	...	...	...	2,197
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## Adopted Sewers on Private Housing Estates

### Watson Street (Part)

9" Surface Water	...	...	...	...	...	217 lin. yds.
------------------	-----	-----	-----	-----	-----	---------------

### Brookside Close

6" Surface Water	...	...	...	...	...	65 lin. yds.
6" Foul	...	...	...	...	...	65 lin. yds.

### Tivoli Gardens

6" Surface Water	...	...	...	...	...	97 lin. yds.
6" Foul	...	...	...	...	...	114 lin. yds.

### Freeman Avenue

6" Surface Water	...	...	...	...	...	154 lin. yds.
------------------	-----	-----	-----	-----	-----	---------------

Hartland Drive							
6" Surface Water	...	...	...	...	...	147 lin. yds.	
9" Surface Water	...	...	...	...	...	115 lin. yds.	
Bosworth Avenue							
6" Surface Water	...	...	...	...	...	189 lin. yds.	
Oakridge							
6" Surface Water	...	...	...	...	...	156 lin. yds.	
Lawrence Avenue							
6" Surface Water	...	...	...	...	...	70 lin. yds.	
Oadby Rise							
6" Surface Water	...	...	...	...	...	57 lin. yds.	
9" Surface Water	...	...	...	...	...	22 lin. yds.	
Blaby Close							
6" Surface Water	...	...	...	...	...	67 lin. yds.	
9" Surface Water	...	...	...	...	...	13 lin. yds.	
Davids Close							
6" Surface Water	...	...	...	...	...	113 lin. yds.	
6" Foul	...	...	...	...	...	90 lin. yds.	
Avonmouth Drive							
6" Surface Water	...	...	...	...	...	78 lin. yds.	
6" Foul	...	...	...	...	...	89 lin. yds.	
Keynsham Close							
6" Surface Water	...	...	...	...	...	54 lin. yds.	
Keynsham Close/Allestree Close							
6" Surface Water	...	...	...	...	...	52 lin. yds.	
6" Foul	...	...	...	...	...	53 lin. yds.	
Tirree Close							
6" Surface Water	...	...	...	...	...	64 lin. yds.	
6" Foul	...	...	...	...	...	109 lin. yds.	
Rona Close							
6" Surface Water	...	...	...	...	...	51 lin. yds.	
6" Foul	...	...	...	...	...	62 lin. yds.	
Iona Close							
6" Surface Water	...	...	...	...	...	52 lin. yds.	
6" Foul	...	...	...	...	...	105 lin. yds.	

## WATER SUPPLY

The following information is supplied by Mr. I. G. Edwards, Engineer and General Manager, South Derbyshire Water Board:—

1. The water supplied to the area has been adequate in quantity and generally satisfactory in quality.
2. Regular examination has been made both of raw and treated waters. A total of 135 bacteriological, 6 chemical and 132 partial chemical samples were taken from consumers' premises during the year, and of the 135 bacteriological samples, only 5 showed coliforms. Repeat samples were found to be coliform free. The enclosed analysis is typical of the water supplied to the Borough.



The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton, together with a treated water supply received from the Derwent Valley Water Board. The local water is filtered and sterilized at the Little Eaton works. The fluoride content of the Little Eaton water varies between 0.30 p.p.m. and 0.55 p.p.m., and the Derwent Valley water is 0.13 p.p.m.

3. None of the water as supplied to the consumers is liable to plumbo solvent action.
4. All water is chlorinated before passing into supply.
5. There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses, of which there are 73,892 in the Borough are supplied with water by the Board.

### Water used during the year 1969

#### Supply

Number of gallons of water supplied to S.D.W.B.	
Area from Public Supply	11,929,208,000
Number of gallons per day per head of population	61.83
Percentage of total quantity from Derwent Valley Supply	44.46%

#### Typical Analysis of Derby Town Supply

SOURCE Little Eaton Pumping Station and Derwent Valley Water Board

##### (a) *Physical Examination:*

Colour (Hazen)	...	...	...	...	...	<5
Turbidity (Silica Scale)	...	...	...	...	...	<1
Taste	...	...	...	...	...	Normal
Odour	...	...	...	...	...	Nil
Suspended matter (microscopical examination)	...	...	...	...	...	—

##### (b) *Chemical Analysis:*

pH	...	...	...	...	...	8.75
Electrical Conductivity at 20° C	...	...	...	...	...	2.25
Residual Chlorine: —						<i>Parts per Million.</i>
Free	...	...	...	...	...	—
Monochloramines	...	...	...	...	...	—
Di Chloramines	...	...	...	...	...	—
Total	...	...	...	...	...	0.02
Free and Saline Ammonia as N	...	...	...	...	...	<0.01
Albuminoid Ammonia as N	...	...	...	...	...	<0.01
Nitrite Nitrogen as N	...	...	...	...	...	<0.001
Nitrate Nitrogen as N	...	...	...	...	...	0.65
Oxygen absorbed from Permanganate in						
4 hours at 27° C	...	...	...	...	...	0.58
Dissolved Oxygen	...	...	...	...	...	8.9
B.O.D.	...	...	...	...	...	—
Free CO <sub>2</sub>	...	...	...	...	...	none detected
Total Alkalinity (CaCO <sub>3</sub> )	...	...	...	...	...	—
Hardness as CaCO <sub>3</sub> : —						

Temporary	...	...	...	...	29
Permanent	...	...	...	...	60
Total	...	...	...	...	89
Calcium Hardness (CaCO <sub>3</sub> )	...	...	...	...	—
Magnesium Hardness (CaCO <sub>3</sub> )	...	...	...	...	—
Total Solids (dried at 180° C)	...	...	...	...	149
Suspended Solids (dried at 105°C.)	...	...	...	...	—

(c) *Mineral Analysis:*

Calcium as Ca	...	...	...	...	24.2
Magnesium as Mg	...	...	...	...	7.0
Sodium as Na	...	...	...	...	14.9
Potassium as K	...	...	...	...	2.6
Iron as Fe	...	...	...	...	none detected
Manganese as Mn	...	...	...	...	none detected
Copper as Cu	...	...	...	...	<0.05
Lead as Pb	...	...	...	...	<0.05
Zinc as Zn	...	...	...	...	<0.05
Aluminium as Al	...	...	...	...	0.02
Silica as SiO <sub>2</sub>	...	...	...	...	6.7
Sulphates as SO <sub>4</sub>	...	...	...	...	50.6
Chlorides as Cl	...	...	...	...	23
Fluorides as F	...	...	...	...	0.17
Phosphates as PO <sub>4</sub>	...	...	...	...	—
Nitrate as NO <sub>3</sub> (calculated)	...	...	...	...	2.9

## REFUSE COLLECTION AND DISPOSAL

The following statistics are supplied by MR. C. V. ROBERTS, *Director of Public Cleansing*:—

### Weight of Refuse dealt with

House and Trade Refuse collected	...	...	...	...	...	67,561 tons
Trade Refuse brought in	...	...	...	...	...	5,046 tons
						<hr/> 72,607 tons <hr/>

### Salvage extracted from Refuse and sold

Tins	...	...	...	1 ton	Paper and Card	...	130 tons
Iron	...	...	...	26 tons	Non Ferrous Metal	...	—
Textiles	...	...	...	—	Cinders	...	—
Food Waste	...	...	...	143 tons			

### Ashbins provided

Corporation Houses	...	...	...	...	...	1,505
Other Corporation Departments	...	...	...	...	...	41
Private Owners	...	...	...	...	...	160
						<hr/> 1,706 <hr/>

Refuse Collection by the paper sack method is now operated for 1,000 approx, premises, paper sack holders having been provided to an additional 352 premises during he year.

**Vehicles used for Cleansing Purposes**

Collection of Refuse and Salvage	...	...	...	...	...	33
Disposal of Refuse: —						
Container Handling Vehicles	...	...	...	...	...	2
Mechanical Shovel	...	...	...	...	...	1
Lorry	...	...	...	...	...	1
Street Sweeping and Watering: —						
Landrover	...	...	...	...	...	1
Lorry	...	...	...	...	...	1
Mechanical Gully Emptiers	...	...	...	...	...	4
Mechanical Suction Sweepers	...	...	...	...	...	5

**PREVENTION OF DAMAGE BY PESTS ACT, 1949**

During the year a total of 1,482 infestations of rats and mice were dealt with at dwelling houses in the Borough, 313 at business premises and 145 infestations at Corporation surface properties.

**Sewer Maintenance Treatment**

The Pest Control Officer carried out the test baiting and maintenance treatment of the borough sewerage system. In conjunction with the sewer treatments a baiting and poison treatment was carried out in the culvert under the Victoria Street Area.

The treatments of the sewers in the town centre was carried out at night between the hours 9-00 p.m. to 6-00 a.m. As in previous treatments the direct poison method was used with Sodium Fluoroacetamide.

The table shows the details of the work carried out: —

**Sewer Maintenance Treatment and Test Baiting  
1969**

<i>Area</i>	<i>Number of manholes poison baited with Sodium Fluoroacetamied</i>					
Osmaston	...	...	...	...	...	66
Alvaston	...	...	...	...	...	81
Pear Tree	...	...	...	...	...	70
Arboretum	...	...	...	...	...	33
Normanton	...	...	...	...	...	44
Litchurch	...	...	...	...	...	78
Dale	...	...	...	...	...	56
Babington	...	...	...	...	...	70
Castle	...	...	...	...	...	62
Abbey	...	...	...	...	...	27
Rowditch	...	...	...	...	...	59
Kingsmead	...	...	...	...	...	70
Bridge	...	...	...	...	...	57
Friar Gate	...	...	...	...	...	33
Derwent	...	...	...	...	...	52
Becket	...	...	...	...	...	81
Mackworth	...	...	...	...	...	30
Victoria Street Culvert	...	...	...	...	...	44
Total	...	...	...	...	...	1,013



## MEAT INSPECTION

For some years, the incidence of Tuberculosis in animals slaughtered in the Borough has been decreasing and now it is reported that for the first time no microscopic lesions of the disease was found in any carcase during the year. Ten years ago the number of bovine animals slaughtered in Derby and found affected with Tuberculosis was slightly less than 10%. The present figure stresses the success of the eradication scheme,

The majority of condemnations for conditions other than Tuberculosis relate to localised conditions of offal. One is concerned about the incidence of *Cysticercus Bovis* especially as the percentage figures are higher this year than for some time.

The total number of animals slaughtered within the Borough during 1969 was 45,960 a decrease on the previous year of 3,936.

### Carcases Inspected and Carcases Condemned during 1969

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number Killed .. .. .	7,504	1,840	80	19,216	17,320
Number Inspected .. .. .	7,504	1,840	80	19,216	17,320
<i>All Diseases except Tuberculosis :</i>					
Whole carcases condemned .. ..	3	3	—	8	9
Carcases of which some part or organ was condemned .. .. .	1,534	994	2	980	909
Percentage of the number inspected affected with disease other than tuberculosis .. ..	20.48	54.18	2.5	5.14	5.30
<i>Tuberculosis only :</i>					
Whole carcases condemned .. ..	—	—	—	—	—
Carcases of which some part or organ was condemned .. .. .	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis ..	—	—	—	—	—
<i>Cysticerci only :</i>					
Whole carcases condemned .. ..	2	—	—	—	—
Carcases of which some part or organ was condemned .. .. .	63	15	—	—	—
Percentage of the number inspected affected with <i>Cysticerci</i> .. ..	0.66	0.81	—	—	—

### Animals Slaughtered under Government Orders

	<i>Bulls</i>	<i>Cows</i>	<i>Steers</i>	<i>Heifers</i>	<i>Calves</i>	<i>Totals</i>
Tuberculosis Order, 1964 .. .. .	—	10	—	4	1	15
Brucellosis (Accredited Herds) Scheme	3	67	—	9	—	79

Classification of Diseases other than Tuberculosis in whole carcasses and parts of carcasses condemned

Cattle

	Totally Condemned		Part Condemned	
	Cattle excluding Cows	Cows	Cattle excluding Cows	Cows
Abscesses and Abscess Adhesions ..	—	—	1	—
Arthritis .. .. .	—	—	1	6
Bone Taint .. .. .	—	—	5	—
Cysticercus Bovis .. .. .	2	—	—	—
Fever .. .. .	—	1	—	—
Fibrosis .. .. .	—	—	1	—
Injury and Bruising .. .. .	—	—	20	4
Oedema, General or with Emaciation ..	1	1	—	—
Serous Infiltration .. .. .	—	—	—	1
Steotosis .. .. .	—	—	1	—
Tumours, Malignant .. .. .	—	1	—	—
TOTALS .. .. .	3	3	29	11

Sheep

	Totally Condemned	Part Condemned
Abscesses and Abscess Adhesions ..	—	11
Arthritis .. .. .	—	10
Contamination .. .. .	1	—
Decomposition .. .. .	—	2
Injury and Bruising .. .. .	—	20
Moribund .. .. .	2	—
Oedema, General or with Emaciation ..	5	1
Pleurisy .. .. .	—	1
TOTALS .. .. .	8	45

Pigs

	Totally Condemned	Part Condemned
Abscesses and Abscess Adhesions .. ..	—	75
Arthritis .. .. .	—	177
Decomposition .. .. .	—	1
Fever .. .. .	2	—
Injury and Bruising .. .. .	—	82
Hydraemia .. .. .	1	—
Leptospirosis .. .. .	1	—
Oedema, General or with Emaciation ..	3	—
Pleurisy .. .. .	—	1
Scirrhus Cord .. .. .	2	1
Urticaria .. .. .	—	1
TOTALS .. .. .	9	338

## Calves

	Totally Condemned	Part Condemned
Abscess and Abscesses Adhesions .. ..	—	1
TOTALS .. .. .	—	1

## Weight of Meat Condemned

The following table gives the weight of meat found to be unfit for human consumption during the course of meat inspection at the slaughterhouses:—

	Tons.	Cwts.	lbs.
Beef ... ..	2	6	35
Mutton and Lamb ...	—	7	101
Pork ... ..	1	17	5
Veal ... ..	—	—	25
Offal ... ..	17	9	28
Total ... ..	22	0	82

Arrangements are made for all this meat and offal to be processed for industrial purposes at Nuneaton.

## LICENSED SLAUGHTERMEN

New licences granted for 1969 ... ..	2
Licences renewed for 1969 ... ..	46

## GENERAL FOOD INSPECTION

The wholesale provision stores and wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the foodstuffs condemned as unfit for human consumption:—

	Tons	Cwts.	lbs.
Meat at wholesale premises ... ..	—	2	100
Meat at retail shops ... ..	1	16	101½
Cooked meat and meat products ...	—	11	58
Canned meats ... ..	1	1	21½
Other canned foods ... ..	1	2	90
Fish (fresh) ... ..	—	1	42
Fruit and Vegetables (fresh) ... ..	9	15	10
Other foods ... ..	5	1	5

## MILK SAMPLING

Designation of Milk	Number of Samples taken and Results								
	Phosphatase		Methylene Blue			Turbidity		Colony Count	
	Passed	Failed	Passed	Failed	Not carried out owing to shade temperature exceeding 65° F.	Passed	Failed	Passed	Failed
Pasteurised ..	124	—	124	—	—	—	—	—	—
Sterilised ..	—	—	—	—	—	27	—	—	—
Untreated .	—	—	—	—	—	—	—	4	—



Brucella Abortus

During the year no untreated milk was retailed in the Borough, consequently no samples have been submitted for examination.

MILK LICENSING

The Milk and Dairies (General) Regulations, 1959

Number of distributors on register	...	...	...	...	...	...	25
Number of dairy premises on register	...	...	...	...	...	...	4

The Milk (Special Designation) Regulations, 1963

UNTREATED MILK—No. of Dealers on register	...	...	...	...	5
PASTEURISED MILK—No. of Dealers (Pasteurisers) on register	...	...	...	...	3
No of Dealers on register	...	...	...	...	169
STERILISED MILK—No. of Dealers on register	...	...	...	...	141

ICE CREAM

The number of premises registered for the manufacture, storage and sale of Ice Cream under Section 16 of the Food and Drugs Act, 1955, is as follows: —

Number of new premises register for sale only during the year	...	27
Number of premises registered for manufacture and sale at the end of year	...	5
Number of premises registered for sale only at end of year	...	678

FOOD AND DRUGS ACT, 1955

Food Hygiene (General) Regulations, 1960

	<i>No. of premises</i>	<i>No. fitted to comply with Reg. 16</i>	<i>No. to which Reg. 19 applies</i>	<i>No. fitted to comply with Reg. 19</i>
Butchers' Shops.. ..	141	124	141	141
Fried Fish Shops ..	66	59	66	66
Catering Premises ..	155	155	155	155
Licensed Premises ..	234	173	232	232
General Food Premises	670	358	499	452
Food Factories .. ..	27	27	27	27

Food Control

The Food Hygiene (General) Relations are mainly intended to prevent food borne disease but the effectiveness of these Regulations is frequently curbed by restrictions of enforcement. It can take weeks, often months, for a case to come before the magistrates court. Meanwhile, unsatisfactory food premises can remain open and a source of potential risk to the general public. How much longer shall we have to wait before legislation is introduced whereby dirty and badly maintained food premises can be closed until cleansed to the satisfaction of the Local Authority? It may be argued that this power should not be vested in the public health inspector or any other official of the Local Authority as it could be misused and lead to victimisation. But could not the decision be made by magistrates, as

in the provisions for food seizure under Section 9 of the Food and Drugs Act 1955? Magistrates could be requested to visit the offending premises with a public health inspector, and if satisfied that closure was necessary could agree to this action until the premises had been satisfactorily cleansed and made acceptable. Such action would act as a possible deterrent to errant food handlers and would probably reduce the number of cases brought before our already over-crowded courts

Difficulty is experienced in establishing a fully satisfactory state of affairs in a good many small shops, especially in combined shop and dwellings where the washing up and personal washing facilities for the family are also used to fulfil requirements of regulations 16 and 19 of the Food Hygiene (General) Regulations. These types of premises often sell groceries, green groceries, confectionery, milk, ice-cream and bread. They may also combine such undertakings as newsagents, sub-post offices, tobacconists etc. Facilities for keeping non food materials and root vegetables adequately separated are minimal and storage space so much at a premium that tinned and cartoned goods overflow into the living quarters and sometimes into the garage. With the wide and ever increasing variety of commodities available for sale, the question of adequate storage facilities is becoming more and more acute. Some relief is being provided however, in some instances, by greater resort to the growing number of "cash and carry" warehouses. One aspect of this "cash and carry" practice to which I have referred in previous reports is the practice of collecting and carrying of ice cream in unsuitable vehicles, and representations have been made about this in view of the risk that if adequate care is not taken or unforeseen delay occurs, the ice cream temperature may rise above the statutory limit in course in transit. Compulsory use of approved insulated containers seems to be the only satisfactory solution. Small shops quite naturally do not enjoy the benefits of the great resources available to large company stores but in an endeavour to keep up with these large "supermarket" or self service type of stores there is a tendency to install equipment such as deep freeze cabinets, hot-pie cabinets, chicken rotisseries etc., often without regard or knowledge of the potential risk from misuse of this type of equipment. For example, in order to impress intending purchasers, retailers tend to overstock their deep freeze cabinets with the result that frozen food displayed above the loading line causes temperature increase by thawing to danger level.

Complaints continued to be received during the year from the public of various unsatisfactory conditions of food; varying from moulds, foreign bodies, staleness etc. and this obvious concern shown by the public about its food supply is welcome and encouraging. The chief benefit which can be derived from these complaints is not necessarily the opportunity to take legal action against the offending party, but rather that they give the opportunity for a detailed investigation to be carried out to find out the cause for such complaints so that precautions can be taken to prevent recurrence of any such trouble. The encouraging and increasing concern of the consumer about matters affecting food hygiene can only lead to increased co-operation in improving the standards of hygiene in our food shops and catering establishments.

Complaints of mouldy food tend to show a steady increase and investigations have shown that the practice of "sale and return" is widespread and on the increase, probably due to the high degree of sales competition in the trade. In this practice, the salesman removes perishable food not sold at the end of its normal shelf-life and allows credit for it. Invariably the food manufacturers disclaim any responsibility for such practice and firmly deny operating this system, but from the experience of our investigations we have reason to suspect that many of them



are aware of what happens and conveniently "turn a blind eye". If, however, a salesman, in order to retain the goodwill of his customer operates this "sale and return" but cannot return the product to his depot, then he has to dispose of it with another shopkeeper who naturally depends upon the salesman to supply him with a sound fresh product. This deplorable practice obviously defeats any form of proper stock rotation by the systematic shopkeeper. It is difficult to see how this increasing nationwide fraud can be eliminated until the food industry is prepared to face up to the fact that perishable goods must be stamped either with the date of manufacture or the last day of sale. As long as the present system is allowed to operate, then we shall continue to receive complaints of stale, mouldy food and in many cases the retailer, although legally the offender insofar as he sold the unsatisfactory product, could be quite innocent and unknowingly have committed a technical offence for which he might well be the victim of legal proceedings.

## REPORT OF THE BOROUGH ANALYST

The following Report has been kindly supplied by the Borough Analyst,  
Mr. J. Markland, B.Sc., F.R.I.C.

## Food & Drugs Act, 1955, Summary for the Year 1969

1. During 1969, 368 samples were submitted for analysis under the Food and Drugs Act, 1955. This represents a low rate of sampling of 1.7 per 1,000 population.
2. Twenty samples (5.4%) were classed as adulterated, either because they failed to comply with the relevant legislation or were below normally acceptable quality.
3. Table 1 lists the samples examined and the numbers classed as adulterated.

TABLE 1.

					<i>Formal</i>	<i>Informal</i>	<i>Adulterated or not up to standard</i>	<i>% Adul- terated</i>
Almonds, Ground	...	...	...			6		
Baking Powder	...	...	...			3		
Beer, Bottled	...	...	...			3		
Bicarbonate of Soda	...	...	...			3		
Banana Flavoured Syrup	...	...				1		
Blanc Mange Powder	...	...	...			1		
Bread	...	...	...	...		6	3	
Breakfast Cereals	...	...	...			4		
Butter	...	...	...	...		3		
Cakes and Flour Confectionery			...			5		
Cake and Pudding Mixtures	...	...				4		
Cake Covering	...	...	...	...		3		
Cereals	...	...	...	...		2		
Cheese	...	...	...	...		1		
Cheese, Soft	...	...	...	...		3		
Cheese Spread	...	...	...	...		1		
Cheese and Onion Pasty	...	...				1		
Cherries in Kersch	...	...	...			1		
Chutney	...	...	...	...		1		
Coffee	...	...	...	...		1		
Coffee and Chicory Extract	...	...				2		
Cream	...	...	...	...		12		
Cream, Canned	...	...	...	...		1		
Custard	...	...	...	...		1		



Dehydrated Foods	...	...	...	2	
Dessert Custard	...	...	...	1	
Desiccated Coconut	...	...	...	3	
Dripping	...	...	...	4	
Dairy Cream Trifle	...	...	...	1	
Drugs: Aspirin Tablets	...	...	...	5	
Beauty Pills	...	...	...	1	
Camphorated Oil	...	...	...	1	
Cod Liver Oil Capsules	...	...	...	1	
Compound Codeine Tablets	...	...	...	1	
Halibut Liver Oil Capsules	...	...	...	3	1
Health Salt	...	...	...	1	
Indian Brandy	...	...	...	1	
Linctus	...	...	...	1	
Laxatives	...	...	...	1	
Malt Extract	...	...	...	2	
Mist. Kaolin and Morphine	...	...	...	1	
Oil of Peppermint	...	...	...	1	1
Olive Oil	...	...	...	1	
Pile Pills	...	...	...	1	
Solution of Peppermint	...	...	...	1	
Spirit of Camphor	...	...	...	1	
Senna Tablets	...	...	...	1	
Tincture of Iodine	...	...	...	1	1
Tonic Tablets	...	...	...	1	
Vitamin Tablets	...	...	...	2	
Zinc Ointment	...	...	...	1	
Fish	...	...	...	3	
Fish Cakes	...	...	...	1	
Fish, Canned	...	...	...	2	
Fish Spread	...	...	...	2	
Flour	...	...	...	9	1
Flour, Self Raising	...	...	...	1	
Food Beverages	...	...	...	3	
Food Colourings	...	...	...	1	
Fresh Salad	...	...	...	1	
Fresh Cream Dessert	...	...	...	1	
Fruit, Bottled	...	...	...	2	
Fruit, Canned	...	...	...	4	1
Fruit, Crystallised	...	...	...	4	1
Fruit, Fresh—Apples	...	...	...	1	
Fruit Juices	...	...	...	2	
Fruit Curd	...	...	...	2	
Fruit, Dried	...	...	...	8	1
Gelatine	...	...	...	2	
Golden Syrup	...	...	...	1	
Gravy Preparations	...	...	...	2	
Herbs, Dried	...	...	...	4	
Horse Radish	...	...	...	1	
Ice Cream Fat	...	...	...	1	
Ice Cream Powder	...	...	...	2	
Ice Cream Stabiliser	...	...	...	1	
Jam	...	...	...	4	
Jelly and Fruit	...	...	...	2	
Jelly Compounds	...	...	...	1	
Lard	...	...	...	3	
Low Fat Spread	...	...	...	1	
Margarine	...	...	...	2	
Marmalade	...	...	...	1	
Macaroni, Canned	...	...	...	1	
Marzipan	...	...	...	1	
Meat and Meat Products	...	...	...	18	
Meat and Meat Products, Canned	...	...	...	6	
Meat Extracts	...	...	...	2	

Meat Pies	...	...	...	...	4			
Meat Paste	...	...	...	...	4		1	
Meatless Steaks, Canned	...	...	...	...	1			
Milk	...	...	...	...	1			
Milk, Condensed: Full Cream								
Unsweetened	...	...	...	...	2			
Milk Powder, Dried	...	...	...	...	4			
Milk Shake Syrups	...	...	...	...	2			
Milk Puddings, Canned	...	...	...	...	6			
Mincemeat	...	...	...	...	3			
Pickles	...	...	...	...	8			
Potted Meat	...	...	...	...	2		1	
Puddings	...	...	...	...	2			
Pickled Walnuts	...	...	...	...	1			
Party Dip	...	...	...	...	1			
Pie Filling	...	...	...	...	2			
Sauce	...	...	...	...	6			
Sauce, Tomato	...	...	...	...	2			
Sausages: Beef	...	...	...	...	2			
Pork	...	...	...	...	19		3	
Liver	...	...	...	...	1			
Sage	...	...	...	...	1		1	
Sausage Meat	...	...	...	...	1			
Soft Drinks—Ready-to-Drink	...	...	...	...	7			
For dilution	...	...	...	...	2			
Soft Drinks, Canned	...	...	...	...	3			
Soft Drink Crystals	...	...	...	...	2			
Shelled Peanuts	...	...	...	...	1			
Soup, Canned	...	...	...	...	1			
Soup Powders and Soup Dried	...	...	...	...	3			
Spices	...	...	...	...	6		2	
Stout, Bottled	...	...	...	...	1			
Sugar	...	...	...	...	1			
Sweets	...	...	...	...	1	17		1
Sweetening Tablets	...	...	...	...	1			
Tomato Juice, Canned	...	...	...	...	1			
Tomato Paste, Canned	...	...	...	...	1		1	
Tonic Drinks and Preparations	...	...	...	...	3			
Treacle	...	...	...	...	1			
Vegetables, Canned	...	...	...	...	9			
Vegetables, Dried	...	...	...	...	4			
Vinegar, Malt	...	...	...	...	2			
Yeast, Dried	...	...	...	...	2			
Yogurt	...	...	...	...	1			
TOTALS	...	...	...	...	1	367	20	5.4

#### 4. Milk Samples

One sample was examined for compositional quality. It was satisfactory.

#### 5. Samples other than Milk

The unsatisfactory samples are listed in Table 2.

TABLE 2.

<i>Serial No.</i>	<i>Article</i>	<i>Nature of Adulteration</i>
1096	Oil of Peppermint	Not genuine Oil of Peppermint.
1103	Coriander	Insect infestations.
1109	Cayenne Pepper	Contained dead mould.
1125	Canned Tomato Paste	Contained excess tin.
1165	Cut Peel	Contained excess Sulphur Dioxide Preservative.

1168	Hovis Flour	Insect Infestation.
11	Butter Mints	Deficient in Butter.
93	Pork Sausages	Slightly deficient in meat.
102	Potted Meat Paste	Wrongly labelled. Should be called Meat Paste.
104	Potted Beef	Slightly deficient in meat.
113	Sage Sausage	Preservative present but not declared.
136	Halibut Liver Oil Capsules	Vitamin A in excess of B.P. requirements.
	B.P.	
145	Tincture of Iodine	Not of B.P. quality. Probably old stock.
160	Protein enriched Bread	Low in Protein.
177	Canned Tinda (Fruit)	Excess tin.
210	Pork Sausages	Preservative present but not declared.
234	Mixed Dried Fruit	Infested with mites.
249	Protein enriched Bread	Low in protein.
250	Protein enriched Bread	Low in protein.
261	Pork Sausages	Preservative present but not declared.

## The Preservative in Food Regulations

Three samples of Sausages contained Sulphur Dioxide Preservative. The Regulations permit the addition of this preservative provided its presence is declared at the time of sale. These samples were sold without the necessary declaration.

A sample of Cut Peel contained more Sulphur Dioxide Preservative than the Regulations allow.

## 6. Complaints

12 samples listed below were submitted for examination.

Jellied Veal	Dark patches were due to the presence of small fragments of meat fibre incorporated in the jelly portion.
Soft Drink (Cherryade)	Foreign matter was a live fungal growth.
Raspberry Pic	Alleged to have caused illness. Nothing harmful found.
Cooked Potatoes	Alleged metallic taste not confirmed.
Stout (3)	Nothing harmful found. Deterioration probably due to age.
Tea, Milk and Sugar Mixtures (2)	Nothing detected which would account for complaint of coagulation and sediment in the Tea.
Chocolate Powder	Used for making drink in a vending machine.
Water	
Canned Beef & Vegetables	Complaint of sickness. Nothing harmful found.
	Contained 3 small pieces of cloth.

### (b) Fertilisers & Feeding Stuffs Act

26 informal samples were submitted—16 Fertilisers and 10 Feeding Stuffs. There were 8 contraventions of the Regulations.

Compound Fertilisers (2)	Trace elements present but no declaration of amounts.
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Compound Fertiliser	Magnesium declared but amount not stated.
Compound Fertiliser	Excesses of Soluble Phosphoric Acid, Potash and Nitrogen. Not to prejudice of purchaser.
Poultry Food	Deficient in Oil.
Compound Cake	Oil content not declared.
Compound Cake	Excess Oil. Not to prejudice of purchaser.
Poultry Food	Excess Oil. Not to prejudice of purchaser.

### (c) Miscellaneous

HEALTH DEPARTMENT. A sample of Water was examined for compositional quality.

One sample of Coriander Powder was examined to ascertain damage following a fire.

WEIGHTS & MEASURES DEPARTMENT. One sample of Drain Cleaner and two samples of Disinfectant were examined for compliance with the Pharmacy & Poisons Rules.

### Legal Proceedings taken the year ending December, 1969

<i>Date</i>	<i>Offence</i>	<i>Result</i>
2/ 1/69	Selling sausage not of the substance demanded (mouldy sausage)—(Food and Drugs Act, 1955—Section 2).	Convicted and discharged.
2/ 1/69	No handrail on staircase. (Offices, Shops and Railway Premises Act, 1963).	Fined £7.
2/ 1/69	Dirty Sink in kitchen. (Offices, shops and Railway Premises Act, 1963).	Fined £2.
2/ 1/69	Nat maintaining sufficient lighting on stairs. (Offices, Shops and Railway Premises Act, 1963).	Fined £6.
2/ 1/69	Dirty W.C. (Offices, Shops and Railway Premises Act, 1963).	Fined £3.
2/ 1/69	Collection of refuse. (Offices, Shops and Railway Premises Act, 1963).	Fined £2.
2/ 1/69	No First Aid Box. (Offices, Shops and Railway Premises Act, 1963).	Fined £3.
2/ 1/69	No light in W.C. (Offices, Shops and Railway Premises Act, 1963).	Fined £3.
2/ 1/69	Selling potato crisps not of the substance demanded (stale potato crisps)—(Food and Drugs Act, 1955—Section 2).	Fined £15.
7/ 1/69	Sanitary convenience situated where offensive odours could penetrate food room. (Food Hygiene (General) Regulations, 1960—Regulation 14).	Fined £10.
7/ 1/69	No locker space for clothes and footwear. (Food Hygiene (General) Regulations, 1960—Regulation 18).	Fined £5.
7/ 1/69	No wash hand basin. (Food Hygiene (General) Regulation, 1960—Regulation 16).	Fined £5.
7/ 1/69	Food room connected direct to sanitary accommodation. (Food Hygiene (General) Regulations, 1960—Regulation 14).	Fined £5.
7/ 1/69	Insufficient ventilation in food room. (Food Hygiene (General) Regulations, 1960—Regulation 21).	Fined £5.

7/ 1/69	Insufficient ventilation in sanitary convenience. (Food Hygiene (General) Regulations, 1960—Regulation 14).	Fined £5.
7/ 1/69	Insanitary food business. (Food Hygiene (General) Regulations, 1960—Regulation 5).	Fined £5.
20/ 2/69	Selling sausage not of the substance demanded but containing a plastic ring. (Food and Drugs Act, 1955—Section 2).	Fined £10.
20/ 3/69	Selling pork pie not of the substance demanded but containing a piece of grit. (Food and Drugs Act, 1955—Section 2).	Fined £5.
5/ 5/69	Stall not marked with name and address of person carrying on business. (Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations—Regulation 13 (1), (a).	Fined £10.
5/ 5/69	Stall not suitably covered or screened. (Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations—Regulation 21).	Fined £10.
5/ 5/69	Person in charge of stall was not wearing protective clothing or overalls. (Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations—Regulation 9).	Fined £10.
5/ 5/69	No supply of water provided on the stall. (Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations—Regulation 15).	Fined £10.
5/ 5/69	No wash hand basin, soap, towel or nailbrush provided. (Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations—Regulation 16).	Fined £10.
5/ 5/69	No first aid equipment provided. (Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations—Regulation 17).	Fined £10.
24/ 6/69	Selling steak and kidney pie not of the substance demanded but containing mould growth. (Food and Drugs Act, 1955—Section 2).	Defendant found not guilty.
17/ 7/69	Selling bottle of cherryade not of the substance demanded but containing mould/fungus growth. (Food and Drugs Act, 1955—Section 2).	Fined £20. Costs 12/6.
22/ 9/69	Failure to disclose how many persons lived at house. (Housing Act, 1961—Section 19).	Fined £5.
25/ 9/69	Selling milk chocolate not of the substance demanded but affected with mould growth. (Food and Drugs Act, 1955—Section 2).	Fined £10.
10/10/69	Selling skinless pork sausages not of the quality demanded (Sticky condition, sour and offensive smell). (Food and Drugs Act, 1955—Section 2).	Fined £50.
2/12/69	Selling Skinless sausages not of the quality demanded but affected with mould growth. (Food and Drugs Act, 1955—Section 2).	Fined £50. Special Costs £6/10/0.
2/12/69	Exceeding permitted number in house in multiple occupation. (Housing Act, 1961—Section 19).	Conditional discharge for 12 months.

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Printed by  
ROYDEN GREENE LTD.  
Wetherby Road, Derby  
Tel. 40152/3

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